Articles 17, 22, 24, 25, 26 of Regulation (EC) No 883/2004; Article 24 of Regulation (EC) No 987/2009

Person	
1.1. Person Identification	
1.1.1. Family name(s)	EESSI
1.1.2. Forename(s)	Berta
1.1.3. Date of birth	1961-01-01
1.1.4. Sex	01 Male
1.1.5. Family name(s) at birth	familyNameAtBirth0
1.1.6. Forename(s) at birth	forenameAtBirth0
1.1.7. PIN of the person in each institution	n
1.1.7.1.[ 1] Personal Identification	n Number(s)
1.1.7.1.1.[ 1] Country	AT Austria
1.1.7.1.2.[ 1] Personal Identificati Number (PIN)	on personalIdentificationNumber0
1.1.7.1.3.[ 1] Sector	-/-
1.1.7.1.4.[ 1] Institution	
1.1.7.1.4.1.[ 1] Institution	ı ID
1.1.7.1.4.2.[ 1] Institution	n Name
1.1.7.1.[2] Personal Identification	n Number(s)
1.1.7.1.1.[ 2] Country	AT Austria
1.1.7.1.2.[ 2] Personal Identificati Number (PIN)	on personalIdentificationNumber1
1.1.7.1.3.[ 2] Sector	-/-
1.1.7.1.4.[ 2] Institution	
1.1.7.1.4.1.[ 2] Institution	ı ID
1.1.7.1.4.2.[ 2] Institution	n Name
1.1.8. If PIN not provided for every institu	ution, please provide
1.1.8.1. Place of birth	
1.1.8.1.1. Town	town0
1.1.8.1.2. Region	

1.1.8. If PIN not provided for every institu	ution, please provide
1.1.8.1. Place of birth	
1.1.8.1.3. Country	AT Austria
1.1.8.2. Father's family name at birth	fatherFamilyNameAtBirth0
1.1.8.3. Forename of father	forenameFather0
1.1.8.4. Mother's family name at birth	motherFamilyNameAtBirth0
1.1.8.5. Forename of mother	forenameMother0
1.2. Additional information on the person	
1.2.1. Nationality	AT Austria

2. Addres	s (of the p	person for w	hom in	formation	on regi	stration	is sent)
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2.1. Address	
2.1.1. Street	street0
2.1.2. Building Name	buildingName0
2.1.3. Town	town1
2.1.4. Postal Code	postalCode0
2.1.5. Region	region0
2.1.6. Country	AT
	Austria
2.2. Residence in this country since	2006-05-04

3. Status	
3.1. status	01 Insured person

4. Please fill in the following if "Status of the person" = "Family member of insured person" or "Status of the person" = "Family member of pensioner":

	4.1.	Insured	Person
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4.1.1. Person Identification		
4.1.1.1. Family name(s)	familyName1	
4.1.1.2. Forename(s)	forename1	
4.1.1.3. Date of birth	2006-05-04	
4.1.1.4. Sex	01	

4. Please fill in the following if "Status of the person" = "Family member of insured person" or "Status of the person" = "Family member of pensioner":

I.1. Insured Pe	erson	
4.1.1. Pe	rson Identification	
		Male
4.1.1.5. F	amily name(s) at birth	familyNameAtBirth1
4.1.1.6. F	orename(s) at birth	forenameAtBirth1
4.	1.1.7. PIN of the person in each inst	itution
	4.1.1.7.1.[ 1] Personal Identif	ication Number(s)
	4.1.1.7.1.1.[ 1] Country	AT Austria
	4.1.1.7.1.2.[ 1] Personal Identification Number (PIN)	personalIdentificationNumber2
	4.1.1.7.1.3.[ 1] Sector	-/-
	4.1.1.7.1.4.[ 1] Insti	tution
	4.1.1.7.1.4.1.[ 1] Institution ID	
	4.1.1.7.1.4.2.[ 1] Institution Name	
	4.1.1.7.1.[ 2] Personal Identifi 4.1.1.7.1.1.[ 2] Country	ication Number(s)
	4.1.1.7.1.1.[2] Oddinay	Austria
	4.1.1.7.1.2.[2] Personal Identification Number (PIN)	personalIdentificationNumber3
	4.1.1.7.1.3.[ 2] Sector	-/-
	4.1.1.7.1.4.[ 2] Insti	tution
	4.1.1.7.1.4.1.[ 2] Institution ID	
	4.1.1.7.1.4.2.[ 2] Institution Name	
4.	1.1.8. If PIN not provided for every in	nstitution, please provide
	4.1.1.8.1. Place of birth	
	4.1.1.8.1.1. Town	
	4.1.1.8.1.2. Region	
	4.1.1.8.1.3. Country	-/-

4.1. Insured Person

4. Please fill in the following if "Status of the person" = "Family member of insured person" or "Status of the person" = "Family member of pensioner":

	4.1.1.8. If PIN not provided for every institution, please provide		
	4.1.1.8.2. Father's family name at birth		
4.1.1.8.3. Forename of father			
	4.1.1.8.4. Mother's family name at birth		
	4.1.1.8.5. Forename of mother		
4. 1	1.2. Additional information on the perso	1	
	1.2.1. Nationality	AT Austria	
4.1		AT	
4.1 4.2. Add	I.2.1. Nationality	AT	
4.1 4.2. Add 4.2.1. St	I.2.1. Nationality	AT Austria	
4.2. Add 4.2.1. St 4.2.2. Bu	I.2.1. Nationality  Iress of the main insured person treet  uilding Name	AT Austria street1	
4.2. Add 4.2.1. St 4.2.2. Bu 4.2.3. To	I.2.1. Nationality  Iress of the main insured person treet  uilding Name	AT Austria street1 buildingName1	
4.2. Add 4.2.1. St 4.2.2. Bu 4.2.3. To	I.2.1. Nationality  Iress of the main insured person  Ireet  Lilding Name  Down  Dostal Code	AT Austria  street1  buildingName1  town2	

5. Concerns your document			
5.1. Type of document	01 Portable document S1		
5.2. Issued on	2019-01-01		
6. Entitlement			
6.1 Entitlement document	01		

O. Littitiement	
6.1. Entitlement document	01 Portable document S1
6.2. Issued on	2020-01-01

7. Information on registration	
7.1. Information on registration	01 Document has been registered

7.3.2.1. Date

## 7. Information on registration 7.2. Period of registration 7.2.1. Registration period 7.2.1.1. Fixed period 7.2.1.1.1. Start date 7.2.1.1.2. End date 7.2.1.2. Open period 7.2.1.2.1. Type of Open Period Open-Ended Period 7.2.1.2.2. Start date 2020-01-01 7.3. Reason for refusal of registration 7.3.1. Reason Insured as employed or self-employed person in member state of residence since 7.3.2. Please fill in the following if "Reason" = "01 - Insured as employed or self-employed person in member state of residence since" or "Reason = "02 - Insured as pensioner in member

state of residence since" or "Reason = "05 - Has moved from this member stat

7.3.3.1. Other reason otherReason0