

ANNEX 3: NATURAL PERSONS

(carrying out work on their own account or on behalf of a legal entity)

<i>PERSONAL DETAILS</i>		
NAME:		
First name(s):		
Sex	:	M <input type="checkbox"/> F <input type="checkbox"/>
Identification number (i.e. your SIRE number, if you have already provided services for the Commission):		
<u>MARITAL STATUS *</u>		
Married / Single / Other (please specify):		
<u>ADDRESS</u>		
Street:		No:
Town:	Postcode:	Country:
Nationality:		
<u>DATE AND PLACE OF BIRTH</u>		
Date	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Place of birth	Town:	Country:
<u>DOCUMENTS TO BE ENCLOSED</u>		
<ul style="list-style-type: none">- <i>curriculum vitae</i>- <i>copy of birth certificate</i>- <i>copy of identity card, passport or driving licence</i>		
<u>SERVICES PREVIOUSLY PROVIDED</u>		
Have you already provided services to the Commission's departments on previous occasions?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
<u>If so, please complete the attached form</u>		

** delete as appropriate*

SERVICES PREVIOUSLY PROVIDED
(please fill in one box for each contract)

TYPE OF CONTRACT *

Auxiliary staff / SNE / Temporary staff / Other (please specify):

DURATION AND LOCATION

From: to: Number of days:

Directorate-General: Place where services were provided:

TYPE OF CONTRACT *

Auxiliary staff / SNE / Temporary staff / Other (please specify):

DURATION AND LOCATION

From: to: Number of days:

Directorate-General: Place where services were provided:

TYPE OF CONTRACT *

Auxiliary staff / SNE / Temporary staff / Other (please specify):

DURATION AND LOCATION

From: to: Number of days:

Directorate-General: Place where services were provided:

TYPE OF CONTRACT *

Auxiliary staff / SNE / Temporary staff / Other (please specify):

DURATION AND LOCATION

From: to: Number of days:

Directorate-General: Place where services were provided:

TYPE OF CONTRACT *

Auxiliary staff / SNE / Temporary staff / Other (please specify):

DURATION AND LOCATION

From: to: Number of days:

Directorate-General: Place where services were provided:

** delete as appropriate*