

SELF-CERTIFICATION

ON DEPARTURE FROM THE PLACE OF RESIDENCE/WORKPLACE

IDENTITY (Personal Code) NUMBER:

NAME AND SURNAME:

ADDRESS OF THE PLACE OF RESIDENCE:

NAME AND ADDRESS OF THE WORKPLACE AND NAME, SURNAME,
TELEPHONE NUMBER OF THE MANAGEMENT (CONTACT PERSON) (IF
APPLICABLE):

DATE:

TIME OF DEPARTURE:

REASON FOR LEAVING
THE PLACE OF RESIDENCE/WORKPLACE:

DESTINATION OF MOVEMENT:

SIGNATURE: