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: