



**Declaration prior to the travel of the service provider, in accordance with the n.º 1 of the article n.º 5º of Law n.º 9/2009, 4<sup>th</sup> March, amended by Law n.º 41/2012, 28<sup>th</sup> August**

**1. This declaration concerns to (select an option):**

- First provision of services in Portuguese territory  
 Renewal of the request to provide services in Portuguese territory

**2. Declarant's ID:**

- 2.1. Full name: \_\_\_\_\_  
2.2. Nationality (ities): \_\_\_\_\_  
2.3. Passport n.º: \_\_\_\_\_  
    2.3.1. Country \_\_\_\_\_  
2.4. Address: \_\_\_\_\_  
2.5. Telephone / Mobile: \_\_\_\_\_  
2.6. E-mail: \_\_\_\_\_  
2.7. Identification of the Member State (s) of establishment: \_\_\_\_\_

**3. Profession:**

3.1. Profession<sup>1</sup> in the Member State (s) of establishment<sup>2</sup>:

- a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

3.2. Profession that will perform as a service provider in Portuguese territory:

- a) \_\_\_\_\_

3.3. Dates in which you will perform as a service provider in Portuguese territory:

- a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

3.4. Place where you will work as a service provider in Portuguese territory

- a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

<sup>1</sup>Indicate the professional title of the profession in the language of the Member State of establishment and, if this is not the case, in English, French or German

<sup>2</sup> If you are established in more than one Member State, provide the information for each of them

3.5. Description of the activities that the provider will carry out in Portuguese territory

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**4. Professional insurance:**

4.1. Do you have any insurance or other means of guaranteeing civil liability for acts arising from the activity of the profession or professions referred to in 3.1?

Yes

No

4.1.1. If yes, please indicate the following elements:

Insurance company or other institution that assures the means of guarantee of civil liability: \_\_\_\_\_

Insurance Policy nº: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. Documents annexed to this declaration:**

5.1. List the documents accompanying this declaration:

Proof of nationality of the service provider

Evidence of formal qualifications (Diploma)

Declaration issued by the professional organization or competent authority of the country that certifies your registration and that you are authorised to practice Veterinary Medicine in your country without any restrictions or disciplinary sanctions.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<sup>1</sup>Indicate the professional title of the profession in the language of the Member State of establishment and, if this is not the case, in English, French or German

<sup>2</sup> If you are established in more than one Member State, provide the information for each of them