

# 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):

REASON FOR LEAVING THE PLACE OF RESIDENCE/WORKPLACE:

DATE:

TIME OF DEPARTURE:

DESTINATION OF MOVEMENT:

SIGNATURE: