

Declaration of transfer and indemnity in relation to DA Feriegaranti



Information about the employee:

CPR No.:											Tel. No./E-mail:
Name:											Address:
TIN number (if resident abroad):											Postcode/city:
											Country:

Information about the company in liquidation:

CVR/SE no.:	Name:	Tel.:
Has the company been sold or continued in full or in part? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
If yes, on what date?: _____		New CVR/SE no.: _____
Mark the employer's organisation of which your employer is a member with a cross:		
<input type="checkbox"/> Asfaltindustrien (The Danish Asphalt Pavement Industry)	<input type="checkbox"/> Dansk Mode & Textil (Danish Fashion and Textile)	<input type="checkbox"/> Grakom Arbejdsgivere (Grakom Employers)
<input type="checkbox"/> Dansk Erhverv (The Danish Chamber of Commerce)	<input type="checkbox"/> Danske Malermestre (Danish Association of Master Painters)	<input type="checkbox"/> HORESTA
<input type="checkbox"/> Dansk Industri (The Confederation of Danish Industry)	<input type="checkbox"/> Drivkraft Danmark (Driving Force Denmark)	<input type="checkbox"/> SKAD
<input type="checkbox"/> Dansk Maskinhandlerforening (Association of Danish Agricultural Machinery Dealers)	<input type="checkbox"/> Glarmesterlauget i Danmark (Master Glaziers' Guild in Denmark)	<input type="checkbox"/> TEKNIQ

Information about the period of employment in the company in liquidation:

Date of employment:	Date of termination:	Date of last working day:
Type of employment: <input type="checkbox"/> Non-manual worker <input type="checkbox"/> Manual worker		Your job title: _____
Was the work performed in Denmark? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you take up employment again WITHIN 4 WEEKS of ceasing employment with the above company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, on what date? _____		
New employer's CVR no.: _____		
New employer's name: _____		
New employer's address: _____		

The requirement has been met in the period from _____ -20 _____ to _____ -20 _____

Please note that payments will be made to your NemKonto account, unless otherwise specified on page 2.

Employee's signature:

When DA Feriegaranti pays holiday allowance, makes payment for holidays not falling on a Sunday (SH payment) or makes Optional Payment, I hereby transfer this priority claim to DA Feriegaranti. I further declare that I have neither been part of the company's management nor have I, or any member of my family, owned shares in the company. I also solemnly declare that the holiday allowance has not previously been paid to me.

By signing the present declaration, I guarantee that the above information is correct. If I have received a payment without being entitled to it, the amount must be repaid to DA Feriegaranti.

Date: _____ Signature: _____

Payment information

DA Feriegaranti generally makes payment to NemKonto unless otherwise stated.

You have the option of specifying that DA Feriegaranti should pay your holiday allowance to an account other than your NemKonto. If you wish to use this option, please provide the registration and account number below. If you do not have a Danish account, please state your IBAN/SWIFT number.

If you require DA Feriegaranti to make payment to someone other than yourself, or your trade union, you must attach a power of attorney which gives DA Feriegaranti permission to make payment to someone other than you. DA Feriegaranti still reports tax and labour market contributions for you, even if the payment is made to someone else.

I want my holiday allowance, payment for holidays not falling on a Sunday (SH payment) or Optional Payment to be paid into an account other than my NemKonto:

Reg. no.: _____ Account no.: _____ Signature: _____

I do not have a Danish account and require payment to be made to my account abroad:

IBAN: _____ SWIFT: _____ Signature: _____

Guide to completing the declaration of transfer:

Information about the company in liquidation:

Please provide your previous employer's CVR/SE number and name (i.e. the employer with whom the holiday allowance was accrued). This information can be found on your payslip. If you know that the company has been sold or continued, you must respond to this question. Likewise, if you know the date on which this occurred, the CVR number and the company's new name must be given. If not, you should mark the 'Don't know' field with a cross.

Finally, you should mark the name of the employer's organisation of which your employer was a member with a cross.

Information about the period of employment in the company in liquidation:

Please specify the date on which you started, the date on which your employment terminated/you were given notice and the date of your last working day.

Then mark with a cross to indicate whether you were a manual worker or a non-manual worker.

Please also state whether you took up employment again within four weeks of ceasing employment with the company in liquidation. If less than or four weeks elapsed between the 'date you were last at work' and when you started a new job, you must mark 'Yes' with a cross and state the date on which you started work with your new employer. Please also fill in the new employer's name and CVR number – this information can be found on your new payslips.

If you did not take up employment again within four weeks of your employment with the company in liquidation ending, simply mark 'No' with a cross.

Please sign the form and send it and any applicable documentation to DA Feriegaranti.

What is a TIN number?

TIN stands for Tax Identification Number. This is the number used to identify persons liable for tax in each country. The Danish version is the CPR number. DA Feriegaranti is under obligation to provide the employee's TIN number when paying holiday allowance etc.

The OECD has gathered information from a wide range of countries about how to find the correct TIN number.

View the list here: [Tax Identification Numbers](#).