**TR**

**SOCIAL SECURITY INSTITUTION ADMINISTRATION**

**INSURANCE PREMIUMS GENERAL DIRECTORATE**

……………………………..

Subject : Insurance Registration and service scheme detection

**TO WHOM IT MAY CONCERN**

|  |  |
| --- | --- |
| **TR identity number****Name** **Surname** **Father’s name****Gender** **Place of Birth** **Date of Birth**  |  |

According to the examination of the Social Security Institution records, It has been determined that the person with the identity information above has a registration record with the registration number ………………………………….. subject to subparagraph (a) of the first paragraph of Article 4 of the Law No. 5510, and the service information is attached. It was understood that this person did not receive any active pension from the Social Security Institution.

Kindly submitted For your kind information

**SSI long term service scheme**

**Total long term 4a PÖGS (APND): 6076**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ins. Code | Ins. Status | Registry no | Name Surname | Occ. code | Work place fund no | Unit | Period | Doc type | Doc codeLevel Dre code | Employment date | Day | P.e.k Level other / add index | Discharge date | missing days reason | Reason for quitting job |
| 5 | 506/ APHB |  |  |  |  |  | 2005/11 | Main | 1 | 11.11.2005 | 20 |  |  |  |  |
| 4a | 506/ APHB |  |  |  |  |  | 2005/12 | Main | 1 |  | 30 |  |  |  |  |
| TOTAL |  |  |  |  |  |  | 2005 |  |  |  | 50 |  |  |  |  |
| 4a | 506/ APHB |  |  |  |  |  | 2006/01 | Main | 1 |  | 30 |  |  |  |  |
| 4a | 506/ APHB |  |  |  |  |  | 2006/02 | Main | 1 |  | 30 |  |  |  |  |
| 4a | 506/ APHB |  |  |  |  |  | 2006/03 | Main | 1 |  | 30 |  |  |  |  |
| 4a | 506/ APHB |  |  |  |  |  | 2006/04 | Main | 1 |  | 30 |  |  |  |  |
| 4a | 506/ APHB |  |  |  |  |  | 2006/05 | Main | 1 |  | 30 |  |  |  |  |

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Workplace Title List

Insured T.R. ID No:

Insured Name Surname:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Workplace/Institution/ Fund No.** | **Unit** | **Business line** | **Nature** | **Title of the company** | **Office address** |
|  |  |  | Private |  |  |
|  |  |  | Private |  |  |
|  |  |  | Private |  |  |

Note:

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