

Insurance policy number

1. Details of the insured

Family name and given names		Finnish personal identity code
E-mail		Phone number
Address in Finland The decision should be sent to my address in Finland	Foreign address The decision should be sent to my address in another country	
Street address	Street address	
Postcode and city	Postcode and city	
	Country	
Permanent residence		
In Finland In another country, which?		
Citizenship		I wish to receive the decision
Finnish Other, what citizenship?		In Finnish In Swedish
The work financed by the grant or scholarship is carried out		
In Finland In another country, which?		

2. Details of the grant or scholarship

Grant or scholarship awarder	Awarding date
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3. Details concerning work
Choose the type of change from A-F
A. Note: Attachment required!

The grant or scholarship work is interrupted starting from, date	Interruption lasts for 4 months or longer
The cause of interruption is	
Paid or self-employed work	Birth of a child / care of a child (<i>under 3 years old</i>)
Military service / non-military service	Illness/rehabilitation
Other cause, what?	
Written consent from the awarder of the grant or scholarship (<i>to be enclosed</i>)	

B.

After an interruption, my grant or scholarship work continues starting from, date

C. Note: Attachment required!

The grant or scholarship work ends prematurely starting from, date
I have cancelled the portion of the grant or scholarship that will not be used, euros
Written consent from the awarder of the grant or scholarship (<i>to be enclosed</i>)
The cause of termination:

D.

The country where the grant or scholarship work is carried out changes starting from, date
The work is carried out In Finland In another country, which?
Why is the work carried out outside of Finland?

E.

I have retired and my pension has started, date

Name of the company paying the pension?

Which kind of pension are you receiving?

F.

Other type of change starting from, date

Specification of the change

4. Further information

Appendices to the application

None

Yes, which?

5. Signature

I declare that the information I have given is true and accurate.

Date

Signature and printed name

In addition to the information provided in this form, any other information available at Mela, relevant to the decision in the case, can be used for the processing of your application. Mela can request such information that it is entitled to receive under the law, from the organisations awarding the grant or scholarship or from the authorities. Under certain conditions, the information may be used again at a later date for your other Mela matters. The information obtained during the process can be forwarded to the authorities and other parties that are entitled to receive the information under the confidentiality provisions.

If the matter is handled by proxy

Proxy attached

Proxy sent later

Name of the holder of the proxy

E-mail

Mela

Postal address
P.O. Box 16, FI-02101 ESPOO
FINLAND

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