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|---------|
| To |
| Address |

SECURITY DECLARATION

TOP SECRET

| | | | | | |
|------------------------|---|----------------|---|---|-----------------------|
| 1 PERSONAL DATA | | | | | |
| A | Last name | | | | |
| | First name(s) | | Sex | | |
| | Former name(s) | | female | inter | |
| | | male | open | | |
| | | diverse | no indication | | |
| B | Date of birth (DD/MM/YYYY) | Place of birth | | Country of birth | |
| C | Nationality | Since: | Dual nationality | | Since: |
| | Former nationality/nationalities | | | | Until: |
| D | Marital status | Single | Married | Civil partnership | |
| | | Cohabitation | | | |
| | | Divorced | Dissolution of civil partnership | Dissolution of civil partnership by death | Separated |
| | | | | Widowed | |
| E | Social security number | | Insurance company/companies (during the past twelve months) | | |
| F | Main residence(s) and secondary residence(s) during the past five years (incl. foreign countries) | | | | |
| | Country | Postcode | Street and house | | from |
| | | | | | to |
| | | | | | DD/MM/YYYY DD/MM/YYYY |
| | | | | | DD/MM/YYYY DD/MM/YYYY |
| | | | | DD/MM/YYYY DD/MM/YYYY | |
| | | | | DD/MM/YYYY DD/MM/YYYY | |

| Stay(s) in a foreign country (of more than two months, during the past five years) | | | | | |
|--|---|-------------------------|--|------------------|------------|
| Country | Postcode | Street and house number | Reason | from | to |
| | | | | DD/MM/YYYY | DD/MM/YYYY |
| | | | | DD/MM/YYYY | DD/MM/YYYY |
| | | | | DD/MM/YYYY | DD/MM/YYYY |
| | | | | DD/MM/YYYY | DD/MM/YYYY |
| G | Father | | | | |
| | Last name | | | | |
| | First name(s) | | | | |
| | Former name(s) | | | | |
| H | Mother | | | | |
| | Last name | | | | |
| | First name(s) | | | | |
| | Former name(s) | | | | |
| I | Spouse / civil partner | | | | |
| | Last name | | | | |
| | First name(s) | | Sex female inter male open diverse no indication | | |
| | Former name(s) | | | | |
| | Date of birth (DD/MM/YYYY) | Place of birth | | Country of birth | |
| | Nationality | Since: | Dual nationality | | Since: |
| J | Individuals above the age of 18 years with the same main residence or living in the same household | | | | |
| 1 | Last name | | | | |
| | First name(s) | | | | |
| | Date of birth (DD/MM/YYYY) | | | | |

| | | | | | |
|----------|--|----------------------------|------------|------------|------------|
| 2 | Last name | | | | |
| | First name(s) | | | | |
| | Date of birth (DD/MM/YYYY) | | | | |
| 3 | Last name | | | | |
| | First name(s) | | | | |
| | Date of birth (DD/MM/YYYY) | | | | |
| 4 | Last name | | | | |
| | First name(s) | | | | |
| | Date of birth (DD/MM/YYYY) | | | | |
| K | Military Service | | | | |
| | | | YES | NO | |
| | If yes, specify: Which body of troops / function? (For basic military service, name body of troops and time period only) | | | | |
| | from | to | | | |
| | (DD/MM/YYYY) | (DD/MM/YYYY) | | | |
| L | Past employment (During the past five years – in chronological order, starting with most recent) | | | | |
| | | Name / location of company | Occupation | from | to |
| | 1 | | | DD/MM/YYYY | DD/MM/YYYY |
| | 2 | | | DD/MM/YYYY | DD/MM/YYYY |
| | 3 | | | DD/MM/YYYY | DD/MM/YYYY |
| | 4 | | | DD/MM/YYYY | DD/MM/YYYY |
| | 5 | | | DD/MM/YYYY | DD/MM/YYYY |

| 2 CRIMINAL PROCEEDINGS | |
|---|---|
| A | <p>Are you currently subject to criminal proceedings (including preliminary proceedings) for a criminal offence in Austria or abroad?</p> <p style="text-align: right;">YES NO</p> |
| If yes, specify: | Competent court / public prosecutor's office / police authority |
| | Nature of the offence |
| | Corresponding reference number |
| B | <p>Have you ever been convicted for a criminal offence in Austria or abroad? You do not have to state convictions that have been erased from the criminal record.</p> <p style="text-align: right;">YES NO</p> |
| If yes, specify: | Competent court |
| | Nature of the offence |
| | Corresponding reference number |
| | Information on sentence |
| C | <p>Have you been subject to a preventive measure involving imprisonment imposed by a criminal court in Austria or abroad? You do not have to state measures that have been erased from the criminal record.</p> <p style="text-align: right;">YES NO</p> |
| <p>If yes, provide details on the measure and offence.</p> | |
| D | <p>Have you been subject to diversionary measures in the past five years? Measures according to § 6 of the Juvenile Court Act (JGG) and § 35 of the Narcotic Substances Act (SMG) must also be listed.</p> <p style="text-align: right;">YES NO</p> |
| If yes, specify: | Competent public prosecutor's office / court |
| | Nature of the offence |
| | Information on the diversionary measure (payment of a fine, community service, probation or victim-offender mediation) |

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| E | Have any preliminary proceedings against you been discontinued pursuant to § 191 or § 192 of the Code of Criminal Procedure (StPO) in the past three years? | | | | YES | NO | | |
| | If yes, specify: | Competent public prosecutor's office / court | | | | | | |
| | | Nature of the offence | | | | | | |
| 3 | ADMINISTRATIVE PROCEEDINGS | | | | | | | |
| A | Have you been prosecuted by an administrative authority pursuant to the provisions of the Explosive Substances Act 2010 in the past five years or are any such proceedings pending? | | | | | | YES | NO |
| | If yes, name the competent authority, the nature of the offence and the outcome of the proceedings. | | | | | | | |
| B | Have you been prosecuted by an administrative authority pursuant to the provisions of the Weapons Act 1996 in the past five years or are any such proceedings pending? | | | | | | YES | NO |
| | If yes, name the competent authority, the nature of the offence and the outcome of the proceedings. | | | | | | | |
| C | Are you currently subject to a valid weapons ban? (excluding § 5 para. 5 of the Civilian Service Act 1986) | | | | | | YES | NO |
| | If yes, name the authority that imposed the weapons ban. | | | | | | | |
| D | Has your driving license been suspended in connection with any of the offences listed below in the past five years or are any such proceedings pending? | | | | | | | |
| | | | | | YES | NO | | |
| | | | | Specify the offence | | | | |
| | PARTICULARLY RECKLESS BEHAVIOUR TOWARDS OTHER ROAD USERS (§ 99 para. 2 (c) of the Road Traffic Act (StVO)) | REFUSAL TO TAKE BREATHALYSER TEST (§ 99 para. 1 (b) StVO in conjunction with § 5 para. 2 StVO) | REFUSAL TO APPEAR BEFORE THE POLICE MEDICAL OFFICER (§ 99 para. 1 (b) StVO in conjunction with § 5 para. 2 StVO) | REFUSAL OF BLOOD TEST (§ 99 para. 1 (c) StVO in conjunction with § 5 StVO) | | | | |
| | DRIVING A VEHICLE UNDER THE INFLUENCE OF ALCOHOL (§ 99 para. 1 (a), para. 1a and para. 1b StVO in conjunction with § 5 para. 1 StVO) | | DRIVING A VEHICLE UNDER THE INFLUENCE OF NARCOTIC SUBSTANCES (§ 99 para. 1b StVO in conjunction with § 5 para. 1 StVO) | | | | | |
| | RECORDABLE OFFENCES (within the meaning of § 30a of the Driving Licence Act (FSG)) | | EXCEEDING THE RESPECTIVE SPEED LIMIT (§ 99 para. 2e StVO, § 99 para. 2f StVO) | | | | | |

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| | Which authority suspended the driving licence and for how long (from – to)? If any such proceedings are pending, name the competent authority. | |
| E | Have you been prosecuted for any of the following administrative offences in the past five years or are any such proceedings pending? | |
| 1 | Driving or operating a vehicle under the influence of alcohol or narcotic drugs; refusing a breathalyser test; refusing a blood test (§ 99 para. 1 to 1b StVO) | YES NO |
| | If yes , name the competent authority. | |
| 2 | Driving or operating a vehicle under the influence of alcohol with a blood alcohol level below 0.5 mg/100 ml (§ 37a FSG) | YES NO |
| | If yes , name the competent authority. | |
| 3 | Driving a vehicle without a valid driving licence (§ 1 para. 3 in conjunction with § 37 para. 1, 3 or 4 FSG) | YES NO |
| | If yes , name the competent authority. | |
| 4 | Hit-and-run or similar breach of the regulations regarding traffic accidents (§ 99 para. 2 or 3 (b) StVO) | YES NO |
| | If yes , name the competent authority. | |
| 5 | Dissemination of National Socialist ideas as defined in article III para. 1 (4) of the Introductory Act to the Laws of Administrative Proceedings (EGVG), use of prohibited symbols within the meaning of the Act on the Use of Symbols (§ 3 para. 1 of the Act on the Use of Symbols) or openly carrying, exhibiting, depicting or disseminating insignia, uniforms or uniform parts of an organisation prohibited in Austria (§ 3 para. 1 of the Act on the Use of Insignia 1960) | YES NO |
| | If yes , name the competent authority. | |
| 6 | Disruption of public order (§ 81 of the Security Police Act (SPG)) | YES NO |
| | If yes , name the competent authority. | |
| 7 | Aggressive behaviour towards a law enforcement officer or towards military organs on guard duty (§ 82 SPG) | YES NO |
| | If yes , name the competent authority. | |
| 8 | Administrative offence pursuant to § 84 para. 1, 1a or 1b SPG or § 17e of the State Protection and Intelligence Service Act (SNG) (in particular, infringement of a prohibition of entry order or a prohibition of approach order, failure to comply with an obligation to appear, failure to comply with/disturbing/impeding preventive instructions) | YES NO |
| | If yes , name the competent authority. | |

4 TIES TO EXTREMIST OR VIOLENT GROUPS OR ORGANISATIONS

| | | | |
|---|---|----|--|
| A | Do or did you have a close relationship to a group or organisation with a propensity to commit criminal offences with ideological or religious motives? | | |
| | YES | NO | I would like to discuss this in person |
| If yes, specify if it was official or private, the date or period of time and the nature of the relationship. | | | |

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|---|--|----|--|
| B | Do or did you have a close relationship to a group or organisation with a propensity to commit any other acts of violence? | | |
| | YES | NO | I would like to discuss this in person |
| If yes, specify if it was official or private, the date or period of time and the nature of the relationship. | | | |

5 TIES TO INTELLIGENCE SERVICES (SECRET SERVICES)

| | | | |
|---|--|----|--|
| A | Do or did you knowingly have contact with foreign intelligence services (secret services)? | | |
| | YES | NO | I would like to discuss this in person |
| If yes, specify the intelligence service (secret service), if it was official or private, the date or period of time and the nature of the contact. | | | |

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| B | Have you ever been approached in a way that suggested that a foreign intelligence service was trying to establish an intelligence-related relationship? | | |
| | YES | NO | I would like to discuss this in person |
| If yes, specify the intelligence service (secret service), if it was official or private, the date or period of time as well as the nature of the approach. | | | |

6 FINANCIAL SITUATION

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| A | Have you been subject to insolvency proceedings in the past ten years? | | |
| | YES | NO | |
| If yes, specify: | Competent court | | |
| | Corresponding reference number | | |

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| B | Have you been subject to execution proceedings in the past five years? | YES | NO |
| If yes, specify: | Competent court | | |
| | Corresponding reference number | | |
| | Date of filing (and, where applicable, date of discontinuation) | | |
| | Information on the prosecuting party (creditor) | | |
| | Information on the prosecuted claim | | |
| 7 | HEALTH SITUATION | | |
| | Have you received medical or psychological treatment for alcohol or narcotic substance dependence or for regular use of mind-altering medication in the last twelve months? | | |
| | YES | NO | I would like to discuss this in person |
| | If yes, provide details: | | |
| 8 | ADDITIONAL INFORMATION (IF RELEVANT FOR THE SECURITY DECLARATION) | | |
| | PLEASE STATE THE REFERENCE POINT | | |
| | | | |
| 9 | HAVE YOU ALREADY BEEN SUBJECT TO A SECURITY VETTING? | | |
| | YES | NO | |
| | If yes, by which authority and when? | | |
| 10 | DECLARATION OF CONSENT AND CONFIRMATION OF CORRECTNESS AND COMPLETENESS | | |
| | I consent to the verification of the above information and to the transmission of the verification result to the requesting authority or company. I confirm the correctness and completeness of the information I provided. | | |
| | Signature (handwritten or electronic signature) / place / date | | |

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| ! | CONTACT DETAILS (in case further information is required: phone number and e-mail address) |
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| 11 | DECLARATION OF CONSENT BY PARENT OR LEGAL GUARDIAN |
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I consent to the verification of the above statements made by my underage son / my underage daughter and to the transmission of the verification result to the requesting authority or company.

Signature (handwritten or electronic signature) / place / date

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| 12 | ATTACHMENT (COPY OF IDENTITY DOCUMENT) |
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| | Document number | Date of issue | Issuing authority |
|---------------|-----------------|---------------|-------------------|
| Passport | | | |
| Identity card | | | |