

APS Inquiry form

Applicant			
Registration number:		Policy number:	
Surname:			
Maiden name:			
First name:		Middle name(s):	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address			
Street name & nr:		City:	
Postal code:		Country:	
Telephone:			
e-mail:			
ID number:			
Date of birth	___/___/___	Place of birth:	

Please select the relevant option that matches the nature of your query.

Inquiry	
<input type="checkbox"/>	I would like to know if I am registered with APS.
<input type="checkbox"/>	What is my accrued pension benefit?
<input type="checkbox"/>	I would like a fictive calculation of how much pension I am entitled to.
<input type="checkbox"/>	I would like to make an appointment (please fill in below).
<input type="checkbox"/>	Pension Income Confirmation Letter
	Addressed to: _____ Address: _____
<input type="checkbox"/>	Other (if other please fill in below)

Other

Signature: _____
Name (in print) _____

Please ensure that a copy of valid picture ID (passport, ID card, driver's license) is included when submitting this form.

(internal use)

- Submitted on: _____/_____/_____
 Handled by: _____
 Contact date participant: _____/_____/_____