

**SUBMITTER**

Last name	First name:	Middle name(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
(Personal) e-mail:	Date of birth: (dd/mmm/yyyy)	Sex:	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone number:			
<input type="text"/>			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		<input type="checkbox"/> Divorced	
Current spouse:	Divorce date:		
<input type="text"/>	<input type="text"/>		
Date of birth current spouse:			
<input type="text"/>			

**EMPLOYMENT DETAILS**

Employer:	Start date:(dd/mmm/yyyy)	Number of hours per week:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full-time (40 hrs p/week)
	End date: (dd/mmm/yyyy)	<input type="checkbox"/> Part time, ___ hrs p/week
	<input type="text"/>	

**RELOCATION DETAILS**

Street name & nr:	Postal code:	City/District:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**BANK DETAILS**

**Note: This must be a local or ING account.**

Bank name:

<input type="checkbox"/> RBC	<input type="checkbox"/> WIB	<input type="checkbox"/> CIBC	<input type="checkbox"/> Scotia	<input type="checkbox"/> PSB	<input type="checkbox"/> Orco	<input type="checkbox"/> Banco Di Caribe
<input type="checkbox"/> ING	<input type="checkbox"/> Other:					

**BANK ADDRESS**

Street name & nr:	Postal code:	City/District:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank account nr:	Account type:	Currency:	
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> NAF <input type="checkbox"/> USD <input type="checkbox"/> EURO	
Beneficiary name:	BIC /IBAN nr (ING only):		
<input type="text"/>	<input type="text"/>		

I hereby attest that all information that I have provided on this form is true and correct and understand that it will be used in determining my eligibility to pension benefits from Algemeen Pensioenfonds Sint Maarten (APS). I also understand that I am obliged to inform APS of any relevant changes in my personal situation, such as divorce, etc.

**PLEASE SIGN ON NEXT PAGE**

Submission date: (dd/mmm/yyyy)

Signature:

Name (in print):

**Please ensure that the following documents are included with the submission of your application form:**

- Official employer's overview of your pension premiums paid over your years in service for APS employer (maximum of 5 years)
- Dismissal letter from your employer
- Salary specification showing the salaries over your employment period
- Copy of deregistration Sint Maarten (uitschrijfbewijs)
- Detailed extract from Civil Registry ("Uitgebreid uittreksel Burgerzaken") stating that you are not divorced
- Copy of bank statement
- Copy of ID spouse (if married)

**INTERNAL USE**

■ Policy number:

■ Handled by:

■ Contact date participant: (dd/mmm/yyyy)