



SVB Banko di Seguro Sosial

Pater Euwensweg 9, Curaçao N.A.
Centrumgebied Kralendijk, Bonaire N.A.
L.B. Nisbethroad 1, St. Maarten N.A.

Income correspondence

Nr. A. O.:

APPLICATION FOR OLD-AGE PENSION BY VIRTUE OF THE OLD-AGE PENSION ACT

<p>1. Name and first name (full): If widow or married, mention maiden name.</p>	<p>1. Name: First name:</p>
<p>2. Address:</p>	<p>2.</p>
<p>3. Gender (man or woman)</p>	<p>3.</p>
<p>4. Place of birth: Date of birth: ID number:</p>	<p>4. Place Date Id. No:•.....•.....•.....</p>
<p>5. Nationality:</p>	<p>5.</p>
<p>6. Are you: a. Married: b. Single: c. Widow/ widower: d. Divorced: e. Married, not living together: f. Living together but not married: g. Separated: (answer yes or no)</p>	<p>6. Are you a. b. c. d. e. f. g.</p>
<p>7. If you are married, fill in information of your spouse: a. Name: b. First names in full:</p>	<p>7. If you are married, fill in information of your spouse: a. b.</p>

- c. Date of birth:
- d. Id number:
- e. Place of birth:
- f. Nationality:
- g. Current address:
- h. Place and date of marriage:

- c.
- d.
- e.
- f.
- g.
- h.

8. In case of divorce or death of spouse, mention former husband/wife:
- a. Name and first names in full:
 - b. Date of birth:
 - c. place of birth:
 - d. place and date of marriage:
 - e. date of divorce:
 - f. date of decease:

8. In case of divorce or death of spouse, mention former husband/wife:
- a.
 - b.
 - c.
 - d.
 - e.
 - f.

9. During which periods did you live in the Netherlands Antilles or Aruba (mention which island)

9.

10. During which periods did your spouse live in the N.A. or Aruba?

10.

11. Are you or your husband/ wife in a nursing home?
- a. If yes, whom?
 - b. In which nursing home (name & place)
 - c. Who pays the medical expenses?

11. Are you or your husband/ wife in a nursing home?
- a.
 - b.
 - c.

12. How would you like to receive your pension?

- ❖ Bank
- ❖ APNA
- ❖ N.V. Pension ESC
- ❖ Authorized representative

12. How would you like to receive your pension?

- Name of the Bank:.....
 Bankaccountnumber:.....
- Membershipnumber:
- Name:
 Address:

13. Have you submitted an application for old-age pension before with the SVB?

13.
.....
.....

Applicant declares that the information on this form is true and complete.

....., 20.....
.....

.....

signature

For Register Office

For Register Office

1. Are the question 1 to 10 answered correctly?
If not, it is requested to correct or complete the answers.

1.
.....
.....
.....

Date verification:.....

Register Head: