



Banko di Seguro Sosial

Pater Euwensweg 9, ter attentie van afdeling Pensioenen, Curaçao.

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Tel: (5999)434-44402 Fax: (5999) 434-4502

Submit change

Changes in your personal situation may affect your AOV pension. Therefore, notify us of a change within two weeks using this form.

1. My information

Always fill in this information

Last name:

First names:

Date of birth:

ID. no.:

A.O.no.:

Registration number
SVB:

Address:

Country:

Phone number:

Email address:

2. Change

fill in the question that corresponds to the change you want to report

What has changed:

- relocation (3).
- Bank account (4).
- my personal circumstances (5).
- death (6).
- living outside the Netherlands Antilles (7).
- nationality (8).



3. Relocation

Relocation within the Netherlands Antilles

Date of the change:

Address:

Postal code and country:

Phone number:

4. Account number

send proof from the bank

Date of change:

Account number:

Account holder name:

Name of the bank:

Bankcode (IBAN):

Address bank:

Country bank:

5. My personal circumstances

Send supporting documents

Date of change:

Change:

- divorce
- marriage
- moved back to the Netherlands Antilles
- other: _____



6. Death

enclose a copy of the death certificate

Last name deceased: _____

First name deceased: _____

A.O.-#: _____

Date of death: _____

7. Living abroad

Send supporting documents

Date of change: _____

Change:

- I'm going to live in another country
- I am going abroad for medical reasons
- Other: _____

Country: _____

Address: _____

Phone number: _____

E-mailaddress: _____

8. Nationality

Send supporting documents

Date of change: _____

New nationality: _____



9. Comments

Here you can leave comments. Mention the number of the question to which your comment refers.

10. Signature

By signing you declare that you have completed this form completely and truthfully.

Date:

Your signature: