

2. PROFESSIONAL CAREER ABROAD

Do you work and/or are you insured in another country than Belgium?

YES => fill in the following table

NO

| Date | Place of occupation (country) | Capacity (employee, self-employed worker, civil servant) | Name and address of insurance body | Registration number | Country of residence |
|------------|-------------------------------|--|------------------------------------|---------------------|----------------------|
| from | | | | | |
| to | | | | | |
| from | | | | | |
| to | | | | | |
| from | | | | | |
| to | | | | | |

Do you want the National Institute to undertake the necessary steps to investigate your pension rights to be borne by one or several EU countries or by one or several countries which Belgium has concluded a bilateral agreement on social security with?

YES

NO

I have already submitted a request

3. INFORMATION CONCERNING THE STUDY PERIOD

| | |
|---|--|
| Did you pursue studies after 1st January of the year of the 20th birthday? | <input type="checkbox"/> NO <input type="checkbox"/> YES => please provide us with a copy of the qualification obtained or a certificate of the study years with this form. |
|---|--|

4. INFORMATION CONCERNING THE MILITARY SERVICE

| | |
|--|--|
| Did you carry out military service at the time? | <input type="checkbox"/> NO <input type="checkbox"/> YES from to |
|--|--|

5. INFORMATION CONCERNING YOUR SPOUSE

Has your spouse already received a pension to be borne by another Belgian or foreign scheme? (National Pensions Office, Ministry, Parastatal, provincial council, city council, SNCB/NMBS (Belgian National Railways), ...)

NO

YES from

Give the name of the institution that pays out that pension?

.....

License number (if known)

.....

6. INFORMATION CONCERNING YOUR DECEASED SPOUSE AND/OR YOUR FORMER SPOUSE

Please fill in the following table if you are a widower of one or several spouses or if you are divorced from one or several spouses.

| | First spouse | Second spouse | Third spouse |
|---|--|--|--|
| Marital Status | | | |
| Name | ..... | ..... | ..... |
| First name | ..... | ..... | ..... |
| Date of birth: | ..... | ..... | ..... |
| Date of marriage | ..... | ..... | ..... |
| Date of divorce | ..... | ..... | ..... |
| Date of death | ..... | ..... | ..... |
| Professional career in Belgium | | | |
| As an helper of a self-employed worker | from to from to | from .....to from .....to | from to from to |
| Give the helper's entire identity | Name + First name + Date of birth: Occupation: Place of operation: Relationship: | Name + First name + Date of birth: Occupation: Place of operation: Relationship: | Name + First name + Date of birth: Occupation: Place of operation: Relationship: |
| As a self-employed worker | from to from to..... from to | from .....to from.....to from .....to | from to from to..... from to |
| As an employee | from to from to..... from to | from .....to from.....to from .....to | from to from to..... from to |
| As a civil servant | from to Name of the institution: Position in the institution: <input type="checkbox"/> Statutory <input type="checkbox"/> Contractual from to Name of the institution: Position in the institution: <input type="checkbox"/> Statutory <input type="checkbox"/> Contractual | from .....to Name of the institution: Position in the institution: <input type="checkbox"/> Statutory <input type="checkbox"/> Contractual from .....to Name of the institution: Position in the institution: <input type="checkbox"/> Statutory <input type="checkbox"/> Contractual | from to Name of the institution: Position in the institution: <input type="checkbox"/> Statutory <input type="checkbox"/> Contractual from to Name of the institution: Position in the institution: <input type="checkbox"/> Statutory <input type="checkbox"/> Contractual |
| As a political representative for whom a pension can be received | from to from to Nature of the mandate Place where this mandate is executed: | from .....to from .....to Nature of the mandate Place where this mandate is executed: | from to from to Nature of the mandate Place where this mandate is executed: |

| Professional career abroad | | | |
|---|--|---|--|
| Country | ..... | ..... | ..... |
| Date | from to..... | from.....to | from to..... |
| Capacity (employee, self- employed worker, civil servant) | ..... | ..... | ..... |
| Name and address of insurance body | ..... ..... | ..... ..... | ..... ..... |
| Registration number | ..... | ..... | ..... |
| Country of residence | ..... | ..... | ..... |
| Country | ..... | ..... | ..... |
| Date | from to..... | from.....to | from to..... |
| Capacity (employee, self- employed worker, civil servant) | ..... | ..... | ..... |
| Name and address of insurance body | ..... ..... | ..... ..... | ..... ..... |
| Registration number | ..... | ..... | ..... |
| Country of residence | ..... | ..... | ..... |
| Country | ..... | ..... | ..... |
| Date | from to..... | from.....to | from to..... |
| Capacity (employee, self- employed worker, civil servant) | ..... | ..... | ..... |
| Name and address of insurance body | ..... ..... | ..... ..... | ..... ..... |
| Registration number | ..... | ..... | ..... |
| Country of residence | ..... | ..... | ..... |
| Military service | | | |
| Did you carry out military service at the time? | <input type="checkbox"/> NO <input type="checkbox"/> YES from to | <input type="checkbox"/> NO <input type="checkbox"/> YES from .....to | <input type="checkbox"/> NO <input type="checkbox"/> YES from to |

7. STATEMENT

I hereby declare on my honour that the answers given to all the questions asked in this form are true, correct and complete.

I know that all the information provided can be checked by the employers, in all the public administrations as well as in all the institutions responsible for applying the social security law.

I undertake to inform directly the NISSE as soon as there are any changes when it comes to:

- marital status;
- cohabitation of spouses;
- pursuing any professional activity, holding any mandate, position or post;
- getting Belgian or foreign allowances as a result of illness, invalidity, unemployment, career interruption or reduction of work;
- getting any income or pension, other than the retirement pension to be borne by the scheme for self-employed workers.

Done in, on

Signature