

	NAME	NAME
<p>Do you qualify for one or more retirement pensions or survivor's pensions, paid for by Belgium or by a country apart from Belgium ?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IF YES</p> <ul style="list-style-type: none"> - Type of pension [retirement, survivor) : - Starting date - Pension reference number - Name and Address of the payment agency - Gross monthly amount on (dd//mm/yyyy) 	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IF YES</p> <ul style="list-style-type: none"> - Type of pension [retirement, survivor) : - Starting date - Pension reference number - Name and Address of the payment agency - Gross monthly amount on (dd//mm/yyyy)
<p>Do you continue to exercise a professional activity ?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IF YES</p> <p>Type of activity (employee, self-employed worker,..) :</p> <p>Gross monthly amount :</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IF YES</p> <p>Type of activity (employee, self-employed worker,..) :</p> <p>Gross monthly amount :</p>

Do you qualify for an allowance paid for by Belgium or another country owing to illness, disability or unemployment, early retirement, a career break, or a reduction in working hours?

NO YES

IF YES

Type of benefit:

.....
.....

Starting date :

.....
.....

NO YES

IF YES

Type of benefit:

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Starting date :

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When do you want to benefit from your self-employment pension?

Other information

Phone number :

Fax :

E-Mail :