

**REGISTRATION FORM DB (complete digitally)**

**Personal information**

Name

First names

Address

Telephone

Gender  Male  Female

Date of birth  (dd/mm/yyyy)

ID number

E-mail

Civil Status  Single  Married  Partner with cohabitation agreement  
 (The cohabitation agreement is only valid with the partner pension article included)

Date of marriage/cohabitation:  (dd/mm/yyyy)  
 (mandatory)

**Salary- and employers information**

Employer

Date of employment  (dd/mm/yyyy)

Date of participation in Vidanova  (dd/mm/yyyy)

Monthly gross salary  (full-time monthly salary on date of participation)

Parttime percentage  %

Extra premium % participant  %

Incoming value transfer  Yes  No

Amount value transfer

**Family information**

Name partner

First names partner

Gender partner  Male  Female

Date of birth  (dd/mm/yyyy)

ID number



**Children**

<i>Name</i>	<i>First name</i>	<i>Gender</i>	<i>Date of birth</i> <i>(dd/mm/yyyy)</i>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>

**Medical exam**

Date medical exam  (dd/mm/yyyy)

Place

Name physician

Result of the medical exam
  Approved
  Disapproved
  Re-examination

Date:  (dd/mm/yyyy)

Signature HR department and Company stamp

