

REGISTRATION FORM DC (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
(Copy of certificate/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 (dd/mm/yyyy)</i>
		<input type="radio"/> Male <input type="radio"/> Female	
		<input type="radio"/> Male <input type="radio"/> Female	
		<input type="radio"/> Male <input type="radio"/> Female	
		<input type="radio"/> Male <input type="radio"/> Female	

Medical examination form to be included:

Individual declaration (if yearly salary is below ANG.100.000,00; filled by HR)
 Shortened declaration of health (if yearly salary is above ANG. 100.000,00; filled by participant)

Date: (dd/mm/yyyy)

Signature HR department and Company stamp

