

PFTSA ENROLLMENT FORM

NAME EMPLOYER	
NAME PARTICIPANT	
DATE OF BIRTH <small>dd/mm/yy</small>	
I.D. NUMBER <small>yy/mm/dd/nr.</small>	
BANK NAME/ BANK ACCOUNT NR. <small>Only currant account</small>	/ acc#
PERSOONSNUMMER	
SEX	MALE/FEMALE
ADDRESS	
PHONE NUMBER	
E-MAIL ADDRESS	
CIVIL STATUS	
NAME PARTNER	
DATE OF BIRTH (partner) <small>dd/mm/yy</small>	
SEX (partner)	MALE/FEMALE
CHILDREN	YES/NO
NAME CHILD 1 + DATE OF BIRTH	
NAME CHILD 2 + DATE OF BIRTH	
NAME CHILD 3 + DATE OF BIRTH	
SEX CHILD 1, CHILD 2 + CHILD 3	M/F M/F M/F
PARTICIPATION DATE <small>dd/mm/yy</small>	
DATE IN SERVICE <small>dd/mm/yy</small>	
SALARY IN AFL.	
CONTRIBUTION PARTICIPANT	%
CONTRIBUTION EMPLOYER	%
DATE <small>dd/mm/yy</small>	
SIGNATURE PARTICIPANT	
STAMP EMPLOYER	