

**PENSION FUND TOURISM SECTOR ARUBA**

LIST B: **Change in Participant's data**

EMPLOYER:

PERIOD:(month)

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Name of participant	Date of mutation	Altered salary	Termination date	Change in contribution	Change of Status				
					Married	Divorced	Deceased	Disabled	Retired

**Registration of child**

Name of Child \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_

**Partner information**

Name of partner \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_

HR Representative Signature \_\_\_\_\_

HR Representative Name: \_\_\_\_\_

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