

**APPLICATION FORM**

I, THE UNDERSIGNED (1) .....

Maiden name for married women (1) .....

PERSONNEL / PENSION N°: .....DATE OF BIRTH (dd/mm/yy): .....

NATIONALITY: ..... Language desired for documents (2): **FR EN**

HOME ADDRESS (1):  
 .....  
 .....

HOME Tel: ..... GSM\*: .....E-mail: .....

FORMER STAFF MEMBER OF (Institution + DG or Dept.): .....

If still active: number of years' service: .....

**HEREBY DECLARE MEMBERSHIP OF THE "ASSOCIATION OF SENIORS OF THE EUROPEAN PUBLIC SERVICE " (SEPS), by sending this completed form to SEPS and paying the membership fee by bank transfer. HEREBY DECLARE THAT I AGREE TO SEPS REGISTERING AND STORING MY ABOVE PERSONAL DATA and to it being kept for the length of my membership.**

The Association undertakes to protect your data and will prevent it being distributed, apart from when obliged to by law or in response to a request to do so by you, within the limits of the social purpose of the Association.

DONE AT: ..... DATE: ..... SIGNATURE: .....

*The annual subscription of €30 is payable on 1 January. New members joining after 30 June will not be required to pay their second subscription until the second January following their enrolment.*

SEPS Bank account N°: **ING bank, Brussels IBAN BE37 3630 5079 7728 BIC: BBRUBEBB**

Communication: **Annual subscription + names and pension Nr.**

Please return this application form to: SEPS – SFPE  
 Office 02 40 CG39 or [info@sfpe-seps.be](mailto:info@sfpe-seps.be)  
 175, rue de la Loi,  
 B-1048 BRUSSELS

**(1) Capital letters please (2) Please cross out where appropriate (\*) optional**

*If you choose to pay by standing order (see below), please send the slip **YOURSELF** direct to your bank.*

**STANDING ORDER**

(Please send direct to your bank)

I, the undersigned, .....

HEREBY INSTRUCT .....(Name of bank)

to pay on ..... (date) and on the same date each year, until further notice, the sum of : € 30 by debit of account N° .....

to: **SEPS - SFPE**  
 JL Office 02 40 CG39  
 175 rue de la Loi 175  
 B 1048 Brussels

Account N° **IBAN BE37 3630 5079 7728 BIC BBRUBEBB ING Bank Brussels**

**Reference: Annual subscription +** .....(Names and personnel/pension number)

DATE: ..... SIGNATURE: .....