



## **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):	
	E-mail:
	+ DG or Dept.):
If still active: number of years' service:	
SERVICE " (SEPS), by sending this completed HEREBY DECLARE THAT I AGREE TO SEI to it being kept for the length of my membership. The Association undertakes to protect your data an response to a request to do so by you, within the line	d will prevent it being distributed, apart from when obliged to by law or in
pay their second subscription until the second SEPS Bank account N°: <b>ING bank,</b> Brussels	
Please return this application form to:	SEPS – SFPE Office 02 40 CG39 or info@sfpe-seps.eu 175, rue de la Loi, B-1048 BRUSSELS
	s out where appropriate (*) optional
	low), please send the slip YOURSELF direct to your bank.
	TANDING ORDER
`	ase send direct to your bank)
	(Name of bank)
to pay on(date) and	on the same date each year, until further notice, the sum of : $\in$ 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: SIGNAT	URE: