



Declaration 'level AOV amount'

Name:
Address:
Postal code:
Domicile
Country:
Date of birth:

The following situation applies to me:

- I receive \$ AOV per month for myself and \$ AOV partner allowance* for the island **Bonaire**.

- I receive \$ AOV per month for myself and \$ AOV partner allowance* for the island **Sint Eustatius**.

- I receive \$ AOV per month for myself and \$ AOV partner allowance* for the island **Saba**.

- I receive AOV/AOW from Curaçao / Sint Maarten / Aruba / Netherlands (circle the applicable).

- I do not know (yet) how much AOV/AOW I will receive.

- I will not receive AOV/AOW.

Date:

Signature: