



Declaration 'level AOV amount'

Name	
Address	
Postal Code	
Domicile	
Country	
Date of Brith	
Sedulanummer	
Email	

The following situation applies to me: ¹

Please check and fill in

Bonaire

I receive \$ AOV per month for myself

Sint Eustatius

I receive \$ AOV

And \$ Compensation Winward Islands per month for myself

Saba

I receive \$ AOV

And \$ Compensation Winward Islands per month for myself

I receive AOV/AOW from **Curaçao / Sint Maarten / Aruba / Nederland.**
circle the applicable

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

I will not receive AOV/AOW.

Date:

Signature:

¹ There may be multiple situations applicable. Please provide all information.