

Declaration regarding education or disability Pensioenfonds Caribisch Nederland (part 1)

To be completed by the orphan

Undersigned:

Name	
Address	
City	
Country	
Date of Birth	

declares that his/her available time for work is entirely or largely taken up by or in connection with attending education.
(please also have the back of this declaration completed)

declares that due to illness or handicaps, he/she is permanently unable to earn a third of what physically and mentally healthy children of the same age are able to earn with such work.

(please also send information about your income, benefits, and your illness or handicaps)

declares that neither of the above situations apply to him/her.

(no orphan's pension will be granted)

(any) comments:

	
Date	
Place	
Signature	
olghataro	

Note: The declaration consists of 2 pages. Please ensure that both pages are fully completed.

Stichting Pensioenfonds Caribisch Nederland | www.pensioenfonds-cn.com

Bonaire Kaya General Carlos Manuel Piar 5 Telefoon 00 599 717 09 84 info-bonaire@pensioenfonds-cn.com Handelsregister Bonaire nr. 7579 Sint Eustatius en Saba The Hill Compound, Fort Oranjestraat 6, Oranjestad, Sint Eustatius Telefoon 00 599 318 32 18 (Sint Eustatius) Telefoon 00 599 416 68 60 (Saba) info-statia-saba@pensioenfonds-cn.com



Declaration regarding education or disability Pensioenfonds Caribisch Nederland (part 2)

To be completed by or on behalf of the head of the educational institution

Undersigned:

Name	
Position	
Full name of the educational institution or program	
Address	
City	
Phone number	
E-mailaddress	

Declares that Mr./Ms.

Is enrolled as a student for the school year _____ and is attending the following education:

 \Box Day education

 \Box Evening education

□ Part-time education

Number of hours of education per week: _____ hours.

Date	
Place	
Signature	
Stamp of the educational institution	

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