

Application for Labour Market Supplemental Pension

Valid from 1 July 2009



Applicant

First name:	P-tal:
Last name:	
Birth name:	
Street and no.:	
Postcode and city:	Country:
E-mail:	Telephone no.:

Circumstances relevant for the assessment of your application

If you have been a permanent resident in the Faroe Islands while over the age of 15, please inform us of these periods by completing the fields below:

Period	From:	To:
	From:	To:
	From:	To:

Faroese bank, in which the allocated pension fund is to be transferred

(The pension fund cannot be transferred to a foreign bank account)

Registration no:	Account no:
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I hereby confirm that the information provided in this form is accurate. At the same time, I give TAKS permission to obtain personal information if considered necessary.

_____ , / 20____ Signature of applicant
Place

Don't forget the Life Certificate

Complete and enclose the Life Certificate form (AM03) with the application.

This application form can contain sensitive information, so keep safety in mind

Submit the application form to TAKS via Mínboks or by other secure means.

TAKS, Postboks 2151, FO-110 Tórshavn, Faroe Islands, tel. 352600, taks@taks.fo

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