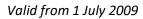
## **Application for Labour Market Supplemental Pension**





		P-tal:	
Last name:		<u>I</u>	
Birth name:			
Street and no.:			
Postcode and city:		Country:	
E-mail:		Telephone no.:	
Circumstances re	elevant for the assessment of you	r application	
	permanent resident in the Faroe Islar ompleting the fields below:	nds while over the age of 15, please inform us	of
Period	From:	То:	
Period	From:	То:	
Period	From:	To:	
Faroese bank, in (The pension fund canno	-	То:	
Faroese bank, in (The pension fund canno Registration no:  I hereby confirm	which the allocated pension fund of the transferred to a foreign bank account)  Account no:	To:  d is to be transferred  this form is accurate. At the same time, I g	ive -

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