PERSONAL DECLARATION - TRANSFER

I, the undersigned,				
Surname, First name	3.			
N° NUP (see pay sli	p):			
Personnel N° (see p	ay slip):			
Starting date of cont	tract	end of contract		
Wish to receive all o	correspondence from (date)			
Address				
Country				
Phone number				
Fax				
E-mail (please write	clearly)			
Please select the lan pension fund.	guage in which you wish to r	eceive the administra	ntive documents intended for	the
EN FR	DE			
Please send me all d	locument (one possible choice	e): by post	by email	
within one of the E	-		gent, official or contract age uld occur I declare that I wi	
Signed in	, date		Signature	
Send	this form to PMO-TFTOUT-	ALLDEP-DEMAND	ES@ec.europa.eu	