

I, the undersigned,

Surname<sup>1</sup> : .....

Names : .....

Occupation : .....

Date of birth : .....

National identification number : .....

Residing at : .....

.....

legally affiliated to the social insurance fund<sup>2</sup> :

.....

.....

.....

under number : .....

declare that I hereby withdraw from said social insurance fund and join the social insurance for the self-employed of Partena Professional.

Date : .....

Signature, preceded by the handwritten words "**Read and approved**"<sup>3</sup>

1) Maiden name for married women

2) State the name of the social insurance fund

3) The date and the words "Read and approved" must be written in the insured person's own hand

**Warning: this is a translation and not an official document.**

The documents will only be considered official when signed and returned to Partena Professional in one of the 3 national languages (Dutch, French or German).