



REQUEST FOR REPAYMENT OF CONTRIBUTIONS
TO BE PRESENTED AFTER THE AGE OF 65 YEARS BY POSTAL MAIL ONLY

I, the undersigned, [] Mrs. [] Mr. Surname :
Maiden Name: First Name(s):
C.C.S.S./ C.A.R. Registration Number:
Born: Nationality:
Telephone Number:
E-mail Address: @

declare on my honour having worked in Monaco as an employee without meeting the conditions for the period of activity required to open rights to a direct pension from the C.A.R.

Table with 3 rows and 2 columns. Row 1: Date of ending of the paid employment in Monaco. Row 2: Self-employed Activity in Monaco during career. Row 3: Details for Monegasque or French nationality. Row 4: Details for Monegasque or Italian nationality.

I certify on my honour the accuracy of the information on this declaration and therefore request the repayment of the salary share of the contributions made to the Caisse Autonome des Retraités (C.A.R.) during my period of activity in the Principality, in accordance with Article 29c of Law 455 as amended.

COMPULSORY attachment to the request:
- Copy of both sides of your identity card.
- Bank details (RIB) with your signature and showing the I.B.A.N. and BIC
Done at
on
Signature, preceded by the reference
"Read and approved"

LIFE CERTIFICATE
(To be completed by the competent authority of the country of RESIDENCE) (1)
We, the undersigned: certify that
[] Mrs. [] Mr. Surname:
Maiden name: First name(s): Date of Birth:
Residing at:
Post Code: Town / City:
Is alive and has appeared before us, at the age of 65 years.
Done at
On
Signature and stamp of the authority

In accordance with Law no. 1165, as amended, you have the right to access and amend the personal information relating to you. For more information on the processes implemented, you can consult the "Data Protection" section on the www.caisses-sociales.mc website