



APPLICATION FOR CASH BENEFITS
(Self-employed workers)

M E M B E R	ID number:
	Surname:
	First Name:
	Business address:
R	Home address:
	Date of full and effective work cessation:
S P O U S E	Do you receive:
	- a retirement pension YES <input type="checkbox"/> NO <input type="checkbox"/>
	- a benefit payment under private insurance YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your spouse have an occupational activity YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, what:
	Your spouse's ID number:
	Annual earned income:
	Name and address of their employer, or in the event of self-employment or a liberal profession, the place it is executed:

I the undersigned,,
swear on my honour that the information provided above is accurate.

Drawn up in on Signed