

School Statement

1. Your personal details

Customer number: _____

First name: _____

Last name: _____

Date of birth: _____

Address: _____

Postal code and place: _____

Country: _____

2. Educational institution declaration

Name of educational institution: _____

Nature of the study: _____

Address: _____

Postal code and place: _____

Telephone number: _____

School year: _____

Start date of study: _____

End date of study: _____

Fulltime study: _____

If a course of study or vocational training is not followed on all days or whole days, please answer the following questions.

- 1a. What is the nature of the study? _____
- 1b. What is the aim of the course of the study? _____
2. On what days and hours does the pupil follow theoretical lessons? _____
3. On what days and hours does the pupil follow practical lessons? _____
4. Are the practical lessons related to the theoretical lessons? Yes No
5. Are these activities obligatory or advisable? Obligatory Advisable
6. How many hours homework do you estimate the pupil has? _____

Signature

The undersigned, the head/director/rector*, declares that the above information has been completed truthfully.

Name: _____

Date: _____

Signature: _____

Stamp of educational institution:

What must you do?

Return this statement and the request form, completed and signed, within one month. Use the reply envelope.

Bedrijfspensioenfonds voor de Koopvaardij
Antwoordnummer 91056
2509 VC Den Haag