*These are compulsory zones

Personal data

Gender*: Male - Female

Language*: Dutch-French-German *(delete where not applicable)*

Name*: .....

Surname*: .....

Street:* .....

Number*: ..... Box: ..... Country: .....

Postal code*: ..... City/town*: .....

Date of birth*: . . / . . / . . . . National Registration Number: . . . . . - . . . - . . Nationality: .....

Bank account IBAN* (begins for instance with BE): .....

BIC (only for foreign bank accounts): .....

Method for paying my membership fees: ☐ standing orders (SEPA mandate) ☐ money order ☐ wire transfer

Mobile: ..... Phone: .....

E-mail (personal): .....

I previously was a member of FGTB/ABVV - CGSLB/ACLVB - Other* I had been a member since . . / . . / . . . .

I wish to join ACV-CSC as of . . / . . / . . . .

Current or last position (or principal contractor freelancer/self-employed person without personnel)

Name*: .....

Street*: ..... Number*: ..... Box: .....

Postcal code*: ..... City/town*: .....

NSSO identification number: ..... Joint Committee: ..... CBE Company registration number: .....Mobile (office): ..... Phone (office): .....

E-mail (office): .....

I work full-time / part-time* ..... (hours full-time/part-time working arrangements) / ..... (hours in your own working arrangements) Additional unemployment benefits: Yes / No Several jobs: Yes / No

First day of employment*: . . / . . / . . . . Last day of employment: . . / . . / . . . .

Status: ☐ Blue-collar worker ☐ White-collar worker ☐ Executive ☐ Host mother/father ☐ Artist ☐ Teaching staff ☐ Civil Servant ☐ Freelancer/self-employed ☐ Other

I am out of work for one of the following reasons: ☐ Illness ☐ Unemployment ☐ Retired ☐ Student ☐ Unemployment with additional benefits paid by the employer ☐ Insertion allowance ☐ Professional integration ☐ Career break full-time ☐ Other

I'm on a part-time career break with/without additional benefits paid by the National Employment Agency *(delete where not applicable)*

I work abroad: ☐ Netherlands ☐ France ☐ Germany ☐ Luxemburg ☐ .....

We need your permission to use your personal information. We shall handle them very carefully and with respect for your privacy. We shall never provide your personal information to other organisations without your consent. For more information, see our website www.hetacv.be/gdpr or www.lacsc.be/rgpd *

☐ I have read the privacy guidelines. I agree with them.

Knowing your e-mail address and mobile phone number allows us, when the need arises, to significantly improve the information we provide you about your dossier, your payments, your allowances, your rights, etc. For this reason, we ask your permission to use your e-mail address and mobile phone number. * ☐ I agree ☐ I do not agree

In the context of the services ACV-CSC provides to its members, I give ACV-CSC permission to consult my personal information in the social security data bank. * ☐ I agree

Date* . . / . . /.... Signature*