

School Statement

1. Your personal details	Personal Identification number
Personal identification number
Name
Date of birth
Address
Post code and town/city
Country

Educational institution declaration:	
Name of educational institution	.....
Nature of the study	.....
Address	.....
Post code and town/city	.....
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are these activities obligatory or advisable?	<input type="checkbox"/> obligatory <input type="checkbox"/> advisable
6. How many hours homework do you estimate the pupil has?	.....



Koopvaardij

Stichting bedrijfspensioenfonds voor de Koopvaardij

Signature

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

Name

Signature

Date

Stamp of educational institution

Wat 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

