

Once-only authorisation to provide my pension information on a single occasion

My personal information

name
date of birth
personal identification number
e-mail address
telephone number

Authorisation

I hereby authorise Bpf Koopvaardij to provide my pension information on a single occasion to the person or body named below.

name
company name
address
town/city
telephone number

I grant my consent for the above person or body to receive the following pension information about me:
(if relevant, attach a letter to this form in which the person or body asks you for this information).

I wish to receive a copy of the information provided (tick this box if applicable).

Signature

signature

date place

Send the completed form and any letter asking for your pension information to:

Bpf Koopvaardij
Postbus 97614
NL-2509 GA The Hague

With this form, you authorise Bpf Koopvaardij to provide pension information as referred to in the General Data Protection Regulation (GDPR).