



General Directorate VII Overseas Social Security - Section periodic benefits

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***Document to be returned to the Office duly completed and signed***

I the undersigned.....  
declare that I am ceasing/ have ceased (\*) all occupational activity on .....  
because of illness/ accident /pregnancy(\*).  
My remuneration paid by my employer ended/ will end on .....

I authorise the General Directorate VII Overseas Social Security - Section periodic benefits to verify the accuracy of this declaration in particular with the Direct Tax Administration.

Aware of the fact that a false or incomplete declaration may lead to fines or detention being imposed in accordance with the provisions of the Royal Decree of 31 May 1933 on declarations to be made in respect of subsidies, grants or allowances of any kind that are wholly or partly borne by the state, I DECLARE ON MY HONOUR THAT THIS DECLARATION IS SINCERE AND COMPLETE.

I UNDERTAKE TO IMMEDIATELY INFORM THE OFFICE OF ANY CHANGE IN MY CIVIL STATUS OR NATIONALITY AND ANY RESUMPTION OF OCCUPATIONAL ACTIVITY BY ME OR MY SPOUSE.

Done at \_\_\_\_\_, on \_\_\_\_\_  
(signature)

(\*) *delete as appropriate*