

LAWYERS PENSION FUND
PERSONAL INFORMATION STATEMENT

Surname:	Middle Name:	Name:
Date of Birth:	Place of Birth:	
Identity Card Number:	Social Insurance No.:	
Residence Address		
Street / Number: _____		
Parish / Village: _____		
District: _____		Postal Code: _____
Tel.: _____		Fax: _____
Email: _____		
Mobile : _____		
Office Address		
Street / Number: _____		
Parish / Village: _____		
District: _____		Postal Code: _____
Tel.: _____		Fax: _____
Email: _____		
Register No.:	Date of Entry in the Register:	Date of Entry in the A.P.F:
Local Bar Association:		
Appointed to a public or government office From:		Until:
Since the date of registration in the Fund I have withdrawn from the profession:		
1. From: _____ Until: _____		
Reasons for which I have withdrawn:		
2. From: _____ Until: _____		

Reasons for which I have withdrawn:			
3. From:	Until:		
Reasons for which I have withdrawn:			
Marital Status:			
Married: <input type="checkbox"/>	Divorced: <input type="checkbox"/>		
Single: <input type="checkbox"/>	Widow/er: <input type="checkbox"/>		
Full name of Spouse:	Date of Marriage:		
ID Card No. of Spouse:	Social Insurance No. of Spouse:		
Children Details			
<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>ID Card No.</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

I,holder of ID Card No.:hereby submit the aforementioned statement and declare, having full knowledge of the consequences of the Law, that the evidence contained in this document is true, correct, accurate and fully updated and hereby undertake to immediately notify the Advocates Pension Fund (A.P.F.) of any change in respect of the information I have provided and to communicate any other relevant information which may come to my knowledge after the date of signing of this statement. I also hereby authorise the A.P.F. to hold and process personal information concerning myself contained in the said statement, which has been completed in accordance with the provisions of Regulation 14 of the Advocates (Pensions and Allowances) Regulations of 1966-2014.

Signature:.....

Date:...../...../.....