

Application for a document S1/form 121

With this form you can request a document S1/form 121. Fill out the form only if you meet the following conditions:

- You have a statutory pension or a statutory benefit from the Netherlands.
- You live or go to live in a treaty country.
- You no longer work in the Netherlands and you do not own a business.

Complete the application form entirely (in block capitals) and sign at the bottom.

Please send the form – with attachment(s) – to:

CAK, Regeling Buitenland, Antwoordnummer 91041, 2509 VC The Hague, The Netherlands.

We handle your data with care. Read more at www.hetcak.nl/en/your-privacy.

1 Personal details

1.1 Name *First names (in full)* _____

Sex Male Female

Surname _____

Maiden name (if married) _____

1.2 Date of birth *DD / MM / YYYY*

1.3 BSN or Sofi number _____

2 Address details in your (new) country of residence

2.1 Address *Street and house number* _____

Postcode _____

Town/city _____

Province _____

Country _____

2.2 Are you emigrating or have you emigrated? No Yes

Emigration date *DD / MM / YYYY*

Registered date at your municipality.



For more information go to
www.hetcak.nl/en/s1

3 Contact details

3.1 Email address _____

3.2 Telephone number _____

3.3 Do you wish to use a postal or correspondence address?

No, use the address filled in at point 2. *Continue to point 4.*

Yes, please use the following address:

Street and house number _____

Postcode _____

Town/city _____

Province _____

Country _____

Does this address expire after your emigration?

Yes No

4 Pension or benefit

4.1 What pension or benefit are you receiving? (enclose supporting document)

Old-age pension (AOW) or surviving dependant's pension (Anw)

Benefit under Invalidity Insurance Act (WAO), Work and Income (Capacity for Work) Act (WIA) or Invalidity Insurance (Self-Employed Persons) Act (WAZ)

Employee early retirement benefit (e.g. under an early retirement (VUT) or flexible pension and retirement (FPU) scheme)

Redundancy pay for military personnel and civil servants

Other (please specify) _____

4.2 From which date have you been receiving a pension or benefit?

DD / MM / YYYY

4.3 When did/will you stop working in the Netherlands?

I stopped working on *DD / MM / YYYY*

I will stop working on *DD / MM / YYYY*

5 Family members

5.1 Do you have a family member with no income who lives/moves with you?

No. *Continue to point 6.*

Yes. *Continue to point 5.2.*

Please note! Does your family member have a statutory pension or benefit?
Then he/she has to fill in their own application form.

5.2 Name First name family member*

Surname

Maiden name (if married)

Sex Male Female

Date of birth *DD / MM / YYYY*

BSN or Sofi number _____

**Do you have more than 1 family member living/moving with you? Write their data on a separate sheet of paper and send it as an attachment.*

6 Signature

6.1 I am enclosing the following supporting document(s):

Proof of pension or benefit grant (copy)

Proof of (monthly) pension or benefit payment (copy)

Data of family members (only in case of more than 1 family member)

6.2 I declare that I have read all the information carefully and that I have entered the details truthfully.

Place and date _____

DD / MM / YYYY

Signature _____



Send the completed form and the attachments to:
CAK, Regeling Buitenland,
Antwoordnummer 91041,
2509 VC The Hague, The Netherlands