

## FORM APPLICATION TO CLAIM YOUR PENSION ENTITLEMENTS

Cadre réservé CRPN C :	PLEASE FILL OUT AND RETURN THIS DOCUMENT TO CRPN "SERVICE CARRIÈRES ET PRESTATIONS" (CAREERS AND BENEFITS DEPARTMENT)
Last name and birth	:
Married name/ last name us	sed :
First name	:
Date of birth	:   <u> </u>    <u> </u>    <u> </u>     day month year
French Social Security No	: Key:
Address	:
Zip code	:         Town:
Country	:
Mobile phone number*	: +
Email address* (Please only enter one and write	: legibly)
Most recent employer (as an air crew member)	:
	of directors has set a one-year deadline by which my pension file must be complete. Once ension will only become payable on the first day of the month following receipt of the final
controller, with a view to the settlement of Data Protection Regulation no. 2016/679/EU of 6 January 1978 amended, you have a righ your personal data, and a right to restrict th define what happens to your data after you di of the CRPNPAC at: <u>protection.donnees@crp</u> feel that your data protection rights have not found guilty of fraud or false declarations wit	es will undergo computer processing by the CRPNPAC, as data your CRPN pension. In compliance with the European General of 27 April 2016, and the French Data Protection Act no. 78-17 it to obtain information, to access, rectification and erasure of e processing of your data. Furthermore, you have the right to ie. You can exercise these rights with the Data Protection Officer m.fr. If, after having contacted the Data Protection Officer, you been respected, you can send a complaint to the CNIL. Anyone h a view to obtaining or attempting to obtain undue advantages (Articles 313-1, 441-1 and 441-7 of the French Criminal Code).
Signed at (location)	
On (date)	
For more information: https://www.crpr	n.fr/informatique-et-libertes/
*The contact data collected will be used during examin	ation of your application by the CRPNPAC in case we need to contact you. The data collected will be kept for the time necessary to pay the benefit.