



Please return to:  
 PZ at the Institute  
 or  
 P&O NWO-I  
 PO Box 3021  
 3502 GA UTRECHT  
 The Netherlands

For further information, employees of institutes please contact your personnel officer.  
 Other employees can contact:  
 Ms. A. Bor, a.bor@nwo.nl, +31 30 600 12 37 or  
 Ms. M.L.F.G. Teuwissen, m.teuwissen@nwo.nl, + 31 30 600 12 61.  
 ① For more information, check our website <https://www.nwo-i.nl>  
 Go to NWO-I People to submit this form digitally!

## AVOM FORM DEDUCTION OF UNION CONTRIBUTION

Name : \_\_\_\_\_  
 Date of birth : \_\_\_\_\_  
 Email address : \_\_\_\_\_  
 Section of organization : \_\_\_\_\_

The undersigned hereby requests permission to make use of the object AVOM union contribution.

- Object 5: Deduction of union contribution from gross pay**
- You pay your union contribution directly to the union.
- You enclose an overview with this form OR if you do not have an overview, you enclose copies of bank statements with this form.

If you want to deduct the union contribution this year than your application, form has to be at the Payroll Department **before 1 December**. If we receive your form after this date, the amount claimed will be deduct to the salary payment of January next year. The deadline date for submitting this form is **3 January next year**.

**Total amount union contribution** € \_\_\_\_\_

By signing this application form, I declare that

- I am a member of the union for the following period with membership number:  
 Period : from \_\_\_\_\_ to \_\_\_\_\_  
 Union name : \_\_\_\_\_  
 Membership number : \_\_\_\_\_
- I have read the information on the NWO-I website, concerning the possible consequences of my choice, and that I consent to the conditions;

Date : \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Employee signature : \_\_\_\_\_

### Verwerking P&O / Salarisadministratie

Registratienummer	: _____	Invoer P&O d.d. / paraaf	: _____
Indienstdatum	: _____	Controle P&O d.d. / paraaf	: _____
Uitdienstdatum	: _____	Invoer SA d.d. / paraaf	: _____
Jaarcontributie	: _____	Controle SA d.d. / paraaf	: _____
Bedrag contributie	: _____		