



You can also pass on changes electronically through [NWO-I People](#)

CHANGE IN PERSONAL DETAILS FORM

Staff based at NWO-I Institutes should submit this form through their personnel officer.

<p>Name</p> <p>Date of birth:</p> <p>Date of change:</p> <p>The change of details relates to:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p> <input type="checkbox"/> address details --> go to item 1 <input type="checkbox"/> IBAN --> go to item 4 <input type="checkbox"/> marital status --> go to item 2 <input type="checkbox"/> other changes --> go to item 5 <input type="checkbox"/> birth of child --> go to item 3 </p>																							
<p>1. <u>Address details</u></p> <p>Address:</p> <p>Postal code and town/city:</p> <p>Telephone number:</p> <p>Email address:</p>	<p><input type="checkbox"/> This is a change of <input type="checkbox"/> home address <input type="checkbox"/> correspondence address <input type="checkbox"/> both</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>																							
<p>2. <u>Marital status</u></p> <p>If applicable Surname, initials and first name of spouse or partner:</p> <p>Birth date and gender of spouse or partner:</p> <p>Surname</p>	<p><input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> cohabiting <input type="checkbox"/> divorced <input type="checkbox"/> registered cohabitation</p> <p>.....</p> <p>.....</p> <p> <input type="checkbox"/> own name <input type="checkbox"/> name of partner <input type="checkbox"/> name of partner and own name <input type="checkbox"/> own name and name of partner </p>																							
<p>3. <u>Birth of child</u></p> <p>Surname, initials and first name:</p> <p>Birth date and gender:</p>	<p>.....</p> <p>.....</p>																							
<p>4. <u>IBAN</u></p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 20px;">N</td> <td style="width: 15px; height: 20px;">L</td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table>	N	L																					
N	L																							
<p>5. <u>Other change of details</u></p>	<p>.....</p> <p>.....</p>																							

All of the above information I have completed truthfully.

At: Date:

.....
Signature

The personnel officer hereby certifies that they have taken note of the updated personal details:

.....