

REGISTRATION EMPLOYEE/SELF-EMPLOYED

Trade union
and
unemployment
insurance fund

PLEASE COMPLETE USING BLOCK CAPITALS

FIRST NAME _____ SURNAME _____

CPR NUMBER — PHONE _____

EMAIL _____

COMPANY _____ ADDRESS COMPANY _____

JOB TITLE _____ HIGHEST EDUCATION _____

[Tick the appropriate box]

Yes please, I want to become a member of Finansforbundet (Financial Services Union)



I want to pay my membership dues via payroll deduction through my employer. I hereby give consent to Finansforbundet to disclose information to my employer regarding my name, ID number and membership dues amount to use for the dues deduction [also applies to any group life insurance scheme via Finansforbundet].

I would like to receive information from Finansforbundet about membership offers from Finansforbundet's partners. Finansforbundet can contact me via telephone, e-mail, SMS and social media.

I would like to receive information from Finansforbundet via e-Boks and therefore consent to Finansforbundet passing on information about my name and CPR number to e-Boks.

I want free membership of Dansk IT. Finansforbundet may therefore pass on information on my membership [name, private address, telephone number, email address, place and address of work and membership number] to Dansk IT for the purpose of registration.

I have read and accepted the terms of agreement.

[Tick the appropriate box]

Yes, I want to become a member of Finansforbundets A-kasse - a part of FTFa



I am an employee **or** I am self-employed and have my own company

My membership should be [choose between fulltime or parttime]:

FULLTIME **or** **PARTTIME** [if you work less than 30 hours per week]

Fulltime is compulsory if you work more than 30 hours a week or if you are self-employed

I am already a member of an unemployment fund, and I wish to transfer* to FTFa. Specify which: _____

I am a former member of an unemployment fund. Specify which: _____

DATE _____ SIGNATURE _____

With my signature I give my consent for the FTFa and Finansforbundet to process the information I have provided above, including exchanging it with each other. The purpose of this processing shall be for me to join the associations/organisations mentioned above. I hereby confirm that all data above are accurate and I accept terms of admission.

*If you are transferring from another unemployment fund, all your earned rights will follow you - FTFa will handle all the practicalities. By signing up, you grant us the right to retrieve your membership information from your current unemployment fund.