

# PERSONAL DETAILS

<input style="width:95%; height: 20px;" type="text"/> <small>LAST NAME</small>	<input style="width:95%; height: 20px;" type="text"/> <small>LAST NAME AT BIRTH</small>										
<input style="width:95%; height: 20px;" type="text"/> <small>FIRST NAME</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table> <small>DATE OF BIRTH:</small>										
<input style="width:95%; height: 20px;" type="text"/> <small>PLACE OF BIRTH</small>	<input style="width:95%; height: 20px;" type="text"/> <small>TITLE</small>										
<input style="width:95%; height: 20px;" type="text"/> <small>NATIONALITY</small>	<small>GENDER</small> <input style="width: 20px; height: 20px;" type="checkbox"/> <small>MALE</small> <input style="width: 20px; height: 20px;" type="checkbox"/> <small>FEMALE</small> <input style="width: 20px; height: 20px;" type="checkbox"/> <small>OTHER</small>										
<input style="width:95%; height: 20px;" type="text"/> <small>POSTAL CODE:</small>											
<input style="width:95%; height: 20px;" type="text"/> <small>TOWN/CITY:</small>											
<input style="width:95%; height: 20px;" type="text"/> <small>STREET/HOUSE NO.</small>											
<input style="width:95%; height: 20px;" type="text"/> <small>TEL./FAX</small>											
<small>MARITAL STATUS</small> <input style="width: 20px; height: 20px;" type="checkbox"/> <small>SINGLE</small> <input style="width: 20px; height: 20px;" type="checkbox"/> <small>MARRIED</small> <input style="width: 20px; height: 20px;" type="checkbox"/> <small>WIDOWED</small> <input style="width: 20px; height: 20px;" type="checkbox"/> <small>DIVORCED</small>											
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<input style="width:95%; height: 20px;" type="text"/> <small>CHILDREN: (number/dates of birth)</small>											

<small>OCCUPATION</small>											
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<input style="width:95%; height: 20px;" type="text"/> <small>LICENCE TO PRACTICE</small>	<small>SINCE:</small>										
<input style="width:95%; height: 20px;" type="text"/> <small>TRAINEE PHARMACIST</small>	<small>FROM (DATE):</small>										

<small>MEMBERSHIP OF OTHER PHARMACISTS' PENSION FUNDS (APOTHEKERVERSORGUNGSWERKE)</small>																									
1.	<input style="width:95%; height: 20px;" type="text"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table>											<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table>											<small>FROM</small>	<small>TO</small>
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Have you been employed in Schleswig-Holstein for longer than 3 months?	<input style="width: 20px; height: 20px;" type="checkbox"/>	<small>YES</small>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<small>NO</small>
Are you employed in regions covered by other pharmaceutical societies?	<input style="width: 20px; height: 20px;" type="checkbox"/>	<small>YES</small>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<small>NO</small>

We take protecting your personal data very seriously. We process your personal data in strict confidence and in accordance with the provisions of data protection law and our privacy policy. Read more on our website at: [www.av-sh.de](http://www.av-sh.de) or call 0431-579-3550 to obtain a hard copy.

The Versorgungswerk (pension fund) can also be contacted by e-mail. Please note that this method of communication is not completely secure, and unauthorised third parties could for instance manipulate the sender or recipient addresses or the content of the e-mail.

I agree to be contacted by the Versorgungswerk via e-mail.
  YES
 NO

<input style="width:95%; height: 20px;" type="text"/> <small>E-MAIL ADDRESS</small>
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<input style="width:95%; height: 20px;" type="text"/> <small>TOWN OR CITY/DATE</small>	<input style="width:95%; height: 20px;" type="text"/> <small>SIGNATURE</small>
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