

Statement of the natural person to be assessed (and authorised representative)

The application form must be signed by the natural person to be assessed. Please use this statement to do so and submit it as an annex to the application form.

The undersigned declares to have read the information provided in the application form and to be aware of the processing of personal data in accordance with the Personal Data Protection Act (*Wet bescherming persoonsgegevens – Wbp*) and the obligation to notify DNB of any changes in the answers provided..

The undersigned declares to have completed this application form and the annexes truthfully and in full.

Date	<input type="text"/>
Place	<input type="text"/>
Name	<input type="text"/>
Signature	<input type="text"/>

If the natural person to be assessed had an authorised representative complete the application form, this representative must also sign this statement.

Details of authorised representative:

Date	<input type="text"/>
Place	<input type="text"/>
Name	<input type="text"/>
Position / company	<input type="text"/>
Business tel. number	<input type="text"/>
Business email address ¹	<input type="text"/>

The undersigned declares to have completed this application form and the annexes truthfully and in full.

Date	<input type="text"/>
Place	<input type="text"/>
Name	<input type="text"/>
Signature	<input type="text"/>

1 For security reasons, we do not accept public domain addresses such as Gmail, Outlook, Hotmail, etc.