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Contact details of the institution

Please fill in the contact details of the institution at which the person in question holds a position:	
1. Name of the institution:	
2. Address of the institution:	
3. Telephone number:	
4. Company number:	
5. Please indicate below the nature of the institution:	
Credit institution	<input type="checkbox"/>
Stockbroking firm	<input type="checkbox"/>
Payment institution	<input type="checkbox"/>
Electronic money institution	<input type="checkbox"/>
Central securities depository	<input type="checkbox"/>
Institution providing support to a central securities depository	<input type="checkbox"/>
Depository bank	<input type="checkbox"/>
Insurance company	<input type="checkbox"/>
Reinsurance company	<input type="checkbox"/>
Financial holding company	<input type="checkbox"/>
Insurance holding company	<input type="checkbox"/>
Mixed financial holding company	<input type="checkbox"/>
If applicable	
Foreign branch of a Belgian institution ("outward passporting")	<input type="checkbox"/>
Belgian branch of a foreign institution	<input type="checkbox"/>

1. Surname	
2. First name(s)	
3. Place and date of birth	
Place of birth	
Date of birth	
4. Gender	
5. Nationality	
6. Domicile	
Address	
Town	
Country	
7. Place of residence (if different from the domicile mentioned in point 6.)	
8. Telephone number (on which you can be reached after your have left the position)	
9. Mobile phone number (on which you can be reached after your have left the position)	
10. E-mail address	

Please state below the position which the person in question is leaving within the institution. Please check all boxes which apply to the person in question.	
executive director	<input type="checkbox"/>
non-executive director	<input type="checkbox"/>
chairman of the management body	<input type="checkbox"/>
chairman of the audit committee	<input type="checkbox"/>
chairman of the remuneration committee	<input type="checkbox"/>
chairman of the risk committee	<input type="checkbox"/>
chairman of the nomination committee	<input type="checkbox"/>
member of the audit committee	<input type="checkbox"/>
member of the remuneration committee	<input type="checkbox"/>
member of the risk committee	<input type="checkbox"/>
member of the nomination committee	<input type="checkbox"/>
member of the management committee	<input type="checkbox"/>
chairman of the management committee	<input type="checkbox"/>
senior manager of an institution with no management committee	<input type="checkbox"/>
senior manager or general representative of a branch	<input type="checkbox"/>
person responsible for the compliance function	<input type="checkbox"/>
person responsible for the internal audit function	<input type="checkbox"/>
person responsible for the risk management function	<input type="checkbox"/>
person responsible for the actuarial function	<input type="checkbox"/>
contact person responsible for the outsourced compliance function	<input type="checkbox"/>
contact person responsible for the outsourced internal audit function	<input type="checkbox"/>
contact person responsible for the outsourced risk management function	<input type="checkbox"/>
contact person responsible for the outsourced actuarial function	<input type="checkbox"/>

Date of departure

Please indicate the date of leaving the position.	

Please state below the reason for leaving.	
internal reorganization	<input type="checkbox"/>
voluntary redundancy	<input type="checkbox"/>
dismissal on grounds of serious misconduct	<input type="checkbox"/>
expiry of contract/mandate	<input type="checkbox"/>
retirement	<input type="checkbox"/>
other reasons	<input type="checkbox"/>

Please provide further details regarding the reason for leaving, unless the leaving is due to expiry of contract/mandate or retirement.

Possible replacement

Is the person in question being replaced, or will the person in question be replaced?	
If so, please specify the name of his or her successor:	
If not, please specify who will perform the duties related to the position in question:	

Any annexes

Do you wish to submit any annexes to this form?	

If so, please indicate them below:

Sequential number	Annex name	Number of pages	File

Declaration of the undertaking concerned

« Acting in my capacity:	
as chairman of the management body	<input type="checkbox"/>
as chairman of the management committee	<input type="checkbox"/>
as a non-executive director	<input type="checkbox"/>
as a senior manager of the foreign institution to which the senior manager of the branch in Belgium directly reports	<input type="checkbox"/>
of (name of the institution in question),	
I, the undersigned, (surname and first name(s))	
hereby declare, after having made the usual verifications, that the information provided	
by (surname and first name(s) of the person in question)	
to the National Bank of Belgium for the purposes of this form is accurate to the best of my knowledge.”	
Date	
title and signature	

Description	Upload
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