



**C P I C**

**IMMEDIATE PAYMENT OF A PARTIAL PENSION**

paid by the Rentes Genevoises - Assurance pour la Vieillesse

**DECLARATION ON THE WORD OF HONOUR  
OF REDUCED PROFESSIONAL LEVEL OF ACTIVITY**

I, the undersigned,

Mrs.                       Miss                       Mr.

**FAMILY NAME** .....

**First name(s)** .....

**Date of birth** .....

**CPIC beneficiary**                      **No. I** .....

**Nationality** .....

**Full address** .....

.....

hereby declare "on my word of honour" that I will exercise my profession only at a reduced level of activity at the date on which entitlement to payment of my pension commences and this for a minimum period of a calendar year.

Signed at .....

On.....

Beneficiary

.....