

<<\_CLIENT\_NAAM>>  
<<\_CLIENT\_ADRES>>  
<<\_CLIENT\_POSTCODE>> <<\_CLIENT\_WOONPLAATS>>

Born on <<CLIENT \_GEBORTE DATUM>>  
Citizen Service Number (BSN) <<CLIENT\_BSN>>

***This form cannot be filled in. Please fill in the form you were sent along with your invitation.***

## Deregistration form

**Important:** Use a black pen and write inside the boxes, otherwise we cannot process your form.

**Tip:** You can also fill in the form online.  
Go to <<\_URL\_ONLINE>>  
Click the 'My screening' button, log in using your DigiD.

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## YOU DO NOT WANT TO PARTICIPATE IN THE PROGRAMME

### 1. Why do you not want to participate?

*We will process this answer anonymously: your name will not be used.*

*Tick as appropriate:*

- I don't have the time or do not feel like taking part.
- I cannot take part for medical reasons.
- I have other reasons for not wanting to take part.

### 2. Would you like to participate in future?

*In two years' time you will receive another invitation to take part in the screening programme. You cannot take part if you are aged 76 or older.*

*Tick as appropriate:*

- I want to participate in future → Send the form back to us in the return envelope. You do not need to sign it.
- I do not want to participate at all → Sign at number 3 below.

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## SIGNATURE

### 3. Your signature

*You only have to sign the form if you do not want to participate now or in future.*

Day    Month    Year  
        [201 ]

Your signature

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## HOW TO SEND THE FORM

Send the form to:

<<regionaal antwoordnummer DK>>

A postage stamp is not necessary.