

eBay Qualified Insured Pension Scheme Enrollment Form

EMPLOYEE DATA:

Name and Last Name(s): _____ NIF/NIE: _____

Address: _____ City: _____ ZIP code _____

Date of birth: _____ Sex: M F

Telephone number: _____ Email: _____

By this form please be informed that:

FIRST I have been employed by eBay Group in Spain since: _____
(dd/mm/yy)

SECOND I am employee of the following Company:

- eBay Spain International, S.L.U.**
- PayPal S.E., Sucursal en España**
- PayPal Spain, S.L.U.**
- GSI Commerce Solutions International, S.L.**

THIRD I am informed of eBay Qualified Insured Pension Scheme Rules.

FOURTH I express my intention to participate in the eBay Qualified Insured Pension Scheme.

Date: _____

Signed: _____