



Please state this reference in all correspondence

DECLARATION BY THE BENEFICIARY

If a woman, please state your maiden name

Surname:

First name:

Street and house number:

Postcode and town/city:

See the reverse of your electronic identity card (e-ID)

National identification number:

The child benefit will be paid to the mother/co-mother or to the person replacing her in the family.
The amount can only be paid into a

I request that my child benefit be paid into the following account (you will find the account number on your account statements)

IBAN

BIC _

current account in their name or into a joint account in the name of both partners, with which they can execute transactions.

in the name of myself
 myself and

I declare that I have completed this form truthfully and I hereby authorise my child benefit fund to check the above details with my bank. I undertake to inform my child benefit fund immediately if I no longer have access to the child benefit in the account. In that case, I will provide a new account number.

Date:

Signature:



Phone:

E-mail:

Important information

When we check with your bank, if the account number you provided is not in your name, your child benefit fund will ask you to provide another account number for which you are the (joint) account holder.