



FEDERAL AGENCY FOR OCCUPATIONAL RISKS

Request for payment of benefits into a current account in a country other than Belgium

SECTION 1: please fill in

I, the undersigned,

first name, LAST NAME _____

street, number, box _____

postcode, CITY _____

COUNTRY _____

date of birth (DD.MM.YYYY) ____ . ____ . ____ national number ____ . ____ . ____ - ____ . ____

File number _____

- am suffering from an occupational disease / have had an occupational accident (strike out what does not apply)
- require my benefits to be paid into the following current account:

IBAN _____

BIC _____

opened in the following financial institution (NAME) _____

street, number, box _____

postcode, city, country _____

- authorise my financial institution to reimburse Fedris for all payments made into my current account after I die;
- undertake to:
 - 1 immediately reimburse all undue payments;
 - 2 whenever Fedris requires it, provide a certificate of life or a civil status record delivered according to the procedures within 14 days;
 - 3 inform Fedris of any change in my address;
 - 4 inform Fedris two months before I close my bank account.

Drawn up in _____ on (DD.MM.YYYY) ____ . ____ . ____

Your signature

SECTION 2: must be filled in by the financial institution where you have opened the aforementioned current account

I, the undersigned, declare on behalf of the aforementioned financial institution

- that the applicant is the holder of the aforementioned account;
- that the financial institution has controlled the applicant's identity and signature;
- that the financial institution will inform Fedris when the applicant dies;
- that the financial institution will automatically reimburse Fedris for all undue payments made into the aforementioned bank account (also the payments made after the applicant died).

Drawn up in _____ on (DD.MM.YYYY) ____ . ____ . ____

Official stamp of the financial institution

Signature(s) on behalf of the financial institution