

Request for payment of benefits into a current account

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** whose co-holder is

(first name, LAST NAME) _____

IBAN: BE_ _ _ _ _

BIC: _ _ _ _ _

• authorise my financial institution to reimburse the Fund for Occupational Accidents (hereinafter the "Fund") for all payments made into my account after I die;

• undertake to:

- 1 immediately reimburse all undue payments;
- 2 spontaneously and without delay inform Fedris of any event that could affect my entitlement to benefits;
- 3 whenever Fedris requires it, provide a certificate of life or a civil status record delivered according to the procedures within 14 days;
- 4 inform Fedris of any change in my address.

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

Your signature

Signature of the potential co-holder of your current account

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 following financial institution that it accepts to pay benefits deposited into the current account of this document's signatory(ies) according to the conditions established in its contract with Fedris and that the holder(s)'s signature(s) has/have been controlled.

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

Official stamp of the financial institution

Signature(s) on behalf of the financial institution