

**Votre interlocuteur:**

**Tél.:**

**www.parentia.be**

**Adresse postale : BP 80000 - 5000 Namur**

**your letter**

**your references**

**our references**

**Subject: payment of your child benefit (if the family is not living in Belgium)**

Dear Sir  
Madam

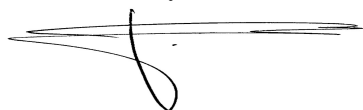
You receive family allowances from us on the basis of the Belgian child benefit principle.

You will be guaranteed a prompt and secure payment if we can directly deposit your family allowances on a bank account outside of Belgium. A gain in time and security are the main assets. An account opened on the name of the recipient of the family allowances (the mother or the person who takes her place in the family) is sufficient. A joint account is also possible, provided that this person can solely dispose of the account by the means of his/her signature.

Should you wish to benefit from a prompt payment, please send the application form back to us, as soon as the information is validated by your bank (= essential!).

For additional information, you can reach us on , on weekday mornings, preferably between 9.00 am and 12.00 am, or fix an appointment.

Yours faithfully.



Your team



payment of your child benefit outside Belgium

## 1 Declaration of recipient of allowance

**the undersigned,**

Street name and house number

Postcode and locality:

Country :

**request that Belgian child benefit (including the birth or adoption allowance) be paid**

in the SEPA zone (\*) into account no. (the bottom section must be completed by your bank)

IBAN: .....

BIC: .....


(\*) Countries belonging to the SEPA zone: Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom.

outside the SEPA zone into account no. (the bottom section must be completed by your bank)

Account no .....

SWIFT: .....

Date .....

Signature of 

.....

## 2 Declaration of financial institution

We confirm that account number

in the SEPA zone IBAN: .....

BIC: .....

outside the SEPA zone Account no : .....

SWIFT: .....

is held in the name of:

Street name and house number:

Postcode and locality:

Country :

and that the signature of is sufficient to gain access to the account.

### Financial institution

Name : .....

Street name and house number: .....

Postcode and locality: .....

Country : .....

**Stamp**

Date .....

Signature ..... 

The data you enter on this form are being collected to enable child benefit to be paid. They are protected by the Law of 8 December 1992 on the processing of personal data. To inspect or correct your data, contact the address at the top of this letter.

