NSSO | OVERSEAS SOCIAL SECURITY

OVERSEAS CONTACT

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ADDRESS

Victor Hortaplein 11
1060 Brussels

Your bank details for repayment of medical costs and/or allowances

1. THE INSURANT

Name and first name of the insurant: .....

Insurant's date of birth or registration number: __ __/__ __/__ __ __ __ - .....

Insurant's e-mail address: .....

Insurant's phone number: .....

2. THE ACCOUNT HOLDER

Name and first name of the account holder: .....

Account holder's address: (required)

Street: .....

Number: ..... PO Box: ..... Postal code: __ __ __ __ __

City: ..... Province/State: .....

Country: .....

3. BANK DETAILS

Account in the EEA: Account number: .....

IBAN : __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

BIC : __ __ __ __ __ __ __ __

Account outside the EEA:

IBAN : __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

BIC : __ __ __ __ __ __ __ __

For the USA: Routing number: .....

Bank name: .....

Street: .....

Number: ..... PO Box: ..... Postal code: __ __ __ __ __

City: ..... Province/State: .....

Country: .....

Done at ..... on __ __/__ __/__ __ __ __

Signature*

[1] By providing your e-mail address, you agree that the National Social Security Office may act upon any data shared via this address and you agree that the Office may reply to this address.

Your data will be processed in accordance with the applicable privacy legislation (Act of 8/12/1992). You may request access to and/or alterations to this data. It will be used for the sole purpose of processing your request and will not be communicated to third parties.