

OVERSEAS CONTACT

Ronald Gillard
02 509 29 03
tgvn-osz@rsz.fgov.be

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 insured:

Insured's date of birth or registration number: ____/____/____ -

Insured's e-mail address:

Insured'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; for Canada: Transit; for Australia: BCB:

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.