CNS
d'Gesondheetskeess

Declaration of another recipient/beneficiary

I, the undersigned, _____

Identification number: | | | | | | | | | | | | | |

living in: _____

hereby kindly request that you reimburse the invoices concerning the person

name: _____

identification number: | | | | | | | | | | | | | |

on my bank account as I have paid the costs of the enclosed invoices in advance.

My bank details are as follows:

IBAN bank account: _____

BIC code: _____

This declaration is valid:

☐ *only for this request.*

☐ *for all services delivered between the* _____ *and the* _____

☐ *for all services delivered after*

☐ *until further notice*.

Date: _____ Signature: _____

You must enclose a certificate of banking details (relevé d'identité bancaire RIB)