



Request to change bank account

Related to insurance benefit reimbursements

Policyholder's contact details

I, the undersigned,

Surname*:
** Or attach a mutual insurance sticker*

First name*:

National ID number*:
(if unavailable, enter date of birth)

Street:

Number: Box: Postcode:

Town:

Country:

Requests a change of bank account for the reimbursement of expenses and treatment related to:

- Hospitalisation insurance policy : 50/
- Dental insurance policy : 53/

Bank account number: **(mandatory)** :

BIC **(mandatory for foreign accounts)** :

Bank account holder:

This account number is:

- Valid for all persons listed on my contract(s) referenced above **(this request can only be submitted by the policyholder)** ;
- Only valid for(Surname and first name)

Done at, on **Signature**

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