



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 only valid for:

National Registry	Last name	First name

Done at, on **Signature**

Société Mutualiste d'Assurances Neutra

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