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**

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N° entreprise : 0472.020.311
Agréé par l'OCM : n°250/2

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