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## **Authorisation**

## This form

You can use this form to authorise someone to take care of your RCN Study Financing affairs with regard to BES Study Financing and/or the start-up allowance.

You should fill in the form with your authorised representative. You and the authorised representative must both sign the form.

## Submissio

n

RCN Study Financing Kaya L.D. Gerharts 12 | PO Box 299 Kralendijk Bonaire, Caribbean Netherlands

You can also scan and email the completed form and supporting documents to: studiefinanciering@rijksdienstcn.com.

| 1  | Your details   |   |   |
|--|--|---|---|
| 1.1 ID number  |  | > Please include a copy   | of your ID document (passport, ID card or Caribbean |
| Surname (date of birth)                                      |  |   |   |
| , ,  | First name   | Othe  | er initials   |
| Official first name and other initials                       |  |   |   |
|  | Day Month Year   | 6.3   |   |
| Date of birth  |  |   |   |
|  | Street   |   | House number  |
| Street and house number                                      |  |   | <u> </u>  |
| Postcode (if applicable)                                     |  |   |   |
| Place of residence and                                       |  |   |   |
| island/country   | Details of authorised r  | epresentative   |   |
| 2  | (To be filled in by the authorised r   | epresentative)  |   |
| 2.1 ID number or Citizen Service<br>Number (BSN)             |  | > Not obligatory for the authorised representative of an institution. |   |
| Surname (date of birth)                                      |  |   |   |
| ()   | First name   | Othe  | er initials   |
| Official first name and other initials                       | I  | l l   |   |
|  | Day Month Year   |   |   |
| Date of birth  |  |   |   |
| 2.2 Are you the authorised representative of an institution? | ☐ No > Please include a copy of your ID document (passport, ID card or Caribbean Netherlands ID card (Sédula)). Go to section 2.4. |   |   |
|  | ☐ Yes > Please also fill in section 2.3.   |   |   |
| 2.3 Name of institution                                      | <u> </u>   |   |   |
| Chamber of Commerce  | <u> </u>   |   | +   |

+ registration number

8494-002

| 4 Residential address or business address of the institution | Street  | House number |
|--|---|--------------|
| Street and house number                                      |   |              |
| Postcode (if applicable)                                     |   |              |
| Place and island/country                                     | <u> </u>  |              |
| Postal address   | Street  | House number |
| Street and house number/PO                                   |   |              |
| Box  |   |              |
| Postcode (if applicable)                                     |   |              |
| Place and island/country                                     |   |              |
| 3  | Period of authorisation   |              |
|  |   |              |
| 3.1 This authorisation is valid                              | From to   |              |
|  | > An end date is not obligatory. You can also terminate the authorisation using the same form at a later do | 710          |
| 4  |   | ne.          |
| I would like the RCN Study                                   | Post  |              |
| Financing to send post to                                    | ☐ Yes   |              |
| the address of the   | <u> </u>  |              |
| authorised representative.                                   | □ No  |              |
|  |   |              |
|  |   |              |
| 5  | Signatures  |              |
|  | Day Month Year Day Month Year   |              |
|  |   | [ ] ]        |
|  | Your signature Signature of authorised represental  | ive          |
|  | ignature of authorised representation   | ive          |
|  |   |              |
|  |   |              |
|  |   |              |
|  | Checklist   |              |
|  |   |              |

- Section 2 Please include a copy of the ID document (passport, ID card or Caribbean Netherlands ID card (Sédula)) of the authorised representative.

Section 1 Please include a copy of your ID document (passport, ID card or Caribbean Netherlands ID card (Sédula)).

**Section 5** Are there 2 signatures on the form?