



Application form Child Benefit *(addition)*

Please complete the form in full and attach the required documents.

You are entitled to child benefit for every child in your care aged between 0 and 17 years, unless you receive child benefit for these children outside the Caribbean Netherlands, or unless the children receive student financing.

1. Your details

Last name:	_____
First names:	_____
Address:	_____
Island:	_____
Telephone number:	_____
E-mail:	_____

2. Details of child(ren)

1.			
Last Name:	_____	Date of birth: - -
First Name:	_____	Living at home:	<input type="checkbox"/> Yes <input type="checkbox"/> No*
2.			
Last Name:	_____	Date of birth: - -
First Name:	_____	Living at home:	<input type="checkbox"/> Yes <input type="checkbox"/> No*
3.			
Last Name:	_____	Date of birth: - -
First Name:	_____	Living at home:	<input type="checkbox"/> Yes <input type="checkbox"/> No*

* If your child does not live at home, please attach a copy of a school declaration or a medical certificate as proof.

- If your child does not have the Dutch nationality, please attach a copy of the front and back of your child's valid residence permit.

- If you are a guardian, please attach a copy of the letter of guardianship.

3. Other caregivers

Do you maintain a joint household with another person who may also be entitled to child benefit for the same child (your partner for instance)?

- No, please continue to question 4
- Yes, please continue completing this question for the concerning person

Last name: _____

First names: _____

Date of birth: _____ - _____ - _____

Signature of the concerning person, giving their consent for you as the recipient of child benefit:

4. Attachments

I have attached a copy (of the front and back) of the following documents:

- Sédula
- Sédula of other caregiver *(if completed in question 3)*
- Residence permit *(if required for question 1)*
- Previous residence permit *(if you think that you are retroactively entitled to child benefit for the period in which the permit was valid)*
- School declaration *(if required for question 2)*
- Medical certificate *(if required for question 2)*
- Letter of guardianship *(if required for question 2)*
- Other:

5. Signature

I have completed all questions truthfully. The RCN Unit of Social Affairs and Employment (SZW) may request information from Civil Affairs, Dienst Uitvoering Onderwijs (DUO) and the Sociale Verzekeringsbank (SVB) in order to assess your claim.

Your signature: _____

Date: _____ - _____ - _____