



Child Benefit Application (Supplement)

Fill in the form completely and submit the required documents.

You are entitled to child benefit for each child aged 0 to 17 in your care unless you receive child benefit for these children outside the Caribbean Netherlands.

1 Your Details

Surname	_____
First names (in full)	_____
Street and house number	_____
Island	_____
Phone number	_____
Email address	_____

2 Child(ren)'s Details

1	Surname	_____	Date of birth	dd	mm	yyyy	
	First name	_____	Living at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*		
2	Surname	_____	Date of birth	dd	mm	yyyy	
	First name	_____	Living at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*		
3	Surname	_____	Date of birth	dd	mm	yyyy	
	First name	_____	Living at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*		

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

* If you are a guardian, attach a copy of the guardianship ruling.

3 Other Carers

Do you share a household with another person who may also be entitled to child benefit for the same child (e.g. your partner)?

- No, go to question 4
- Yes, fill in the details below

Surname

First names (in full)

Date of birth

dd mm yyyy

Signature of this person to confirm their agreement for you to receive child benefit

4 Documents to Attach

I am submitting copies (front and back) of the following documents:

- Sédula*
- Sédula of the other carer (if applicable in question 3)*
- School statement (if applicable in question 2)
- Medical statement (if applicable in question 2)
- Guardianship ruling (if applicable in question 2)
- Other:

* Make a secure copy and cover unnecessary details.

5 Signature

I have answered all questions truthfully.

The RCN SZW unit may request information from Civil Affairs, the Education Executive Agency (DUO), and the Social Insurance Bank (SVB) to assess this application.

Your signature

Date

dd mm yyyy