



Notification of changes for Child Benefit

Changes in your family circumstances may affect your child benefit. Therefore you should notify us immediately of any changes by means of this form.

1. Your details

Last name: _____

First names: _____

Island: _____

Telephone number: _____

E-mail: _____

2. Type of change

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Your bank details | <i>Please complete in question 3</i> |
| <input type="checkbox"/> Relocation | <i>Please complete in question 4</i> |
| <input type="checkbox"/> Passing of child | <i>Please complete in question 5</i> |
| <input type="checkbox"/> Double allowance | <i>Please complete in question 6</i> |
| <input type="checkbox"/> Other | <i>Please complete in question 7</i> |

3. Your bank details

In order to receive child benefit, you should have a bank account in the Caribbean Netherlands.

Date of change: _____ - _____ - _____

Name of bank: _____

Island: _____

New bank account number *: _____

Type of bank account: Current / checking account
 Savings account

** Please attach proof of your bank details (at least including your name and bank account number)*

4. Relocation

Date of change: _____ - _____ - _____

Who is moving? Yourself _____

The person with whom you maintain
a joint household (e.g. your partner) _____

Your child*
Name: _____

Date of birth: _____ - _____ - _____

Second child*
Name: _____

Date of birth: _____ - _____ - _____

Third child*
Name: _____

Date of birth: _____ - _____ - _____

New address: _____

Island: _____

Name of agency /
caregiver*: _____

**indien uw kind voor medische of onderwijsredenen verhuist, dan dient u een medische verklaring of schoolverklaring mee te sturen om dit aan te tonen.*

5. Passing of child

Name of child: _____

Date of birth of child: _____ - _____ - _____

Date of passing of child: _____ - _____ - _____

6. Double allowance

Date of change: _____

What has changed? Your child receives student financing

Name of child(ren): _____

You receive child benefit outside of the Caribbean Netherlands

Name of child(ren): _____

7. Other change(s)

Please explain the changes below.

8. 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: _____