







Application Subsidy after robbery — Caribbean Netherlands

For preventative security measures against home and business robberies

Has your home or company been robbed?

Then you can apply for a subsidy up to a maximum of € 1,000 * for preventative security measures in order to prevent new domestic or commercial robberies. You can find more information about this temporary arrangement on www.schadefondscn.com.

* The subsidy is determined in Euros and transferred to your account in US dollars.

How do I submit an application?

- 1. Complete the form fully and sign it.
- 2. Enclose the required supporting documents (see question 5).
- 3. Send everything to:

Schadefonds Geweldsmisdrijven PO Box 71 2501 CB The Hague The Netherlands

Do you have any questions?

Please contact the Schadefonds or visit www.schadefondscn.com.

- T +31 70 414 20 00
- E info@schadefonds.nl

Do you need help completing the form?

Victim Assistance Office will be able to help you free of charge and can be reached at telephone number +599 717 6181 (Bonaire), +599 790 0426 (Sint Eustatius), +599 416 6917 (Saba) of through slachtofferhulp@politiecn.com.

Please note! The application must be submitted before July 1st, 2022.

1 I am

- ☐ A resident of a house that has been robbed
- ☐ An owner of a company that has been robbed
 - Company name and address

2	My details		
	Family name		gender
	First name(s)		•
	Date of birth		
	Identity Number		
	Street and house number		1
	City / town		
	Island		
	Telephone number(s)		
	E-mail		
	Account number	► Please enclose a copy of your bank card	
	In the name of		
	BIC / SWIFT code		
	Bank's name		
	Bank's location		
3	Robbery data	day month year	
	Date of robbery		
4		PASURES e security measures that have been taken to prevent a new robbery. You can on any other way (for example by the insurance company).	only recover these costs
	The total (not reimbursed) costs:	\$	
5	Enclose the following documents of proof		
		Copy of identification (passport, identity card or driver's license) .	
		Copy of police report	
		□ Copy of invoice of the preventive measures taken	
6	Signature		
	I have completed this form tru	thfully.	
		day month year	
	Date and city / town		
	Name		
	Signature	Print the form to sign	

2

[▶] If you want to clarify something about your application, you can enclose this.