



Change form

Kingdom Grant

This form

This form is intended for students that already receive the Kingdom Grant but want to report a change in their situation.

Send

Please send the completed and signed form to:
koninkrijksbeurs@rijksdienstcn.com

More information

If you are having difficulties completing the form, please first read the explanation that accompanies it. More information can be found at:
rijksdienstcn.com/koninkrijksbeurs.

1 Student details

Last name	<input type="text"/>		
Official first name and other initials	First name	Other initials	
	<input type="text"/>	<input type="text"/>	
Date of birth	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 New address

Fill in this section if you want to report a new address. If you would like to report a different type of change, please skip this question.

What is your new address?

Street and house number	<input type="text"/>		
Postcode Town/city	<input type="text"/>		
Island/Country	<input type="text"/>		
Start date new address	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 New e-mail address

Fill in this section if you want to report a new e-mail address. If you would like to report a different type of change, please skip this question.

What is your new e-mail address?

e-mail address	<input type="text"/>		
Start date new e-mail address	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Change in exchange study

Fill in this section if you want to report a change that relates to your exchange study. If you would like to report a different type of change, please skip this question.

Change in the name of the educational institution. Report the new address

Educational institution	<input type="text"/>
Address of educational institution	Street name and house number (+extension) <input type="text"/>
	Postcode (if applicable) Town/city <input type="text"/>
	Island/Country <input type="text"/>
	Start date new educational institution for exchange study
	Day Month Year <input type="text"/>

Change in exchange study period

Reported period	
Start date	Day Month Year <input type="text"/>
	Day Month Year <input type="text"/>
End date	Day Month Year <input type="text"/>
	Day Month Year <input type="text"/>
New period exchange study	
Start date	Day Month Year <input type="text"/>
	Day Month Year <input type="text"/>
End date	Day Month Year <input type="text"/>
	Day Month Year <input type="text"/>

5 Change in internship

When submitting a change to the internship period or location, a signed internship contract must be included.

Change in the location of the internship

Report where the internship will take place

Reported Island/Country

New situation
Island/Country

Change in internship period

Reported period

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Start date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

End date

New internship period

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Start date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

End date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

6 Fully withdrawing from the Kingdom Grant

Complete this section if you want to fully withdraw from the Kingdom Grant scheme. If you would like to report a different type of change, then please skip this section.

As of when would you like to withdraw? Please note! This means that you will have to repay the already received subsidies.

As of this date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 I would like to withdraw from the Kingdom Grant.

7 Report other changes

8 Signature

I hereby confirm that I have completed this form truthfully and in full. I am aware of the conditions that accompany the Kingdom Grant. I realise that I am obligated to report changes within 10 working days by contacting RCN/OCW in writing via koninkrijksbeurs@rijksdienstcn.com.

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone number

E-mail

Signature

Initials and last name

> RCN/OCW will use your data in accordance with the requirements stipulated in privacy-related legislation.