

Applicant's personal details

Receiving the Growth Package for your child(ren) from another payment provider, but would like to join KidsLife?

Request your transfer here. We will then make all the necessary arrangements.

Return the signed and completed document to us via <u>vlaanderen@kidslife.be</u> or by post to: KidsLife Flanders, Sint-Clarastraat 48bis , 8000 BRUGES.

I the undersigned,	
Surname and first name:	
Street and house number:	
Postcode and city:	
Email address:	Telephone number:
National Register number (on back of identity card) of	or date of birth:
Other parent or guardian's details	
I the undersigned,	
Surname and first name:	
National registry number (on back of identity card) or	r date of birth:
We kindly request that you transfer the Growth Package to the bank account below	
IBAN:	_
This is a personal or joint bank account in my name. I/we give permis The parents would like KidsLife Flanders vzw to pay Package (Child Benefit) for all their children from the	the Birth Benefit (maternity allowance) and the Growth
Date of application:	
Signatures of the parents:	
Signature	Signature
Surname:	Surname:
The details that you supply on this form are collated to determine your entitler	nent to the Growth Package and its subsequent payment. The information that you



More information can be found on our website: kidslife.be/nl/privacy

provide is protected by the Personal Data Processing Act of 8 December 1992. Please contact the above address for the inspection or correction of your data. KidsLife attaches great importance to the protection of your personal data. Have any questions or want to exercise your rights with regard to your personal data?