

Claim for Child benefits

You have a child (or children) and you live or work in Belgium.

A Please fill in this form to receive Child benefits and subscribe to KidsLife.

Send us a scan/photo of the <u>completed and signed</u> document to wallonie@kidslife.be

■ or by regular mail to KidsLife – Chaussée de Liège 654 – 5100 Namur

• We start right away with the necessary steps so you may receive Child benefits.

0	Personal data				
1.	Data concerning the mother (or the person in charge of the child(ren))				
	FIRST NAME				
	NAME	① Maiden name as when you were born			
	BELGIAN NATIO	Belgian identity card			
	or DATE C	DF BIRTH day month year			
	POSTAL CODE	PHONE PHONE			
	EMAIL				
2	Data concornin	a the other percent (other percent in charge of the child(ren))			
2.		g the <u>other parent</u> (other person in charge of the child(ren))			
	FIRSTNAME				
	NAME				
	BELGIAN NATIONAL NUMMER				
	or DATE C	DF BIRTH day month year			
3.	<u>Payment</u>				
	BANK ACCOUN	T NUMBER			
	in the NAME of				
	①The number will be with your bank	checked			
4.	Data concernin	g the <u>child(ren)</u>			
	NAME				
	FIRST NAME	DATE OF BIRTH			
	NAME	day month year			
	FIRST NAME	DATE OF BIRTH			
	NAME	day month year			
	FIRST NAME	DATE OF BIRTH			



2)	Where the family works and lives					
	☐ I work in Belgium.	① You can chose more than one option				
	I work outside Belgium or for an international organization in	1	орион			
	COUNTRY					
	The other parent works in Belgium.The other parent works outside Belgium or for an international organization in					
	COUNTRY					
	☐ The child(ren) live in Belgium.					
	☐ The child(ren) live outside Belgium in					
	COUNTRY					
	☐ I add to this form to explain a different situation + 🖹					
3	Agreement and subscription					
	DATE day month year					
	Tick the boxes and sign to clearly notify your decision.	 This is not mandatory, one signature is enough. FATHER or 2nd PERSON ASKING FOR CHILD BENEFITS I agree that KidsLife keeps my personal data in order to manage my file. 				
	MOTHER or 1rst PERSON ASKING FOR CHILD BENEFITS					
	 I agree that KidsLife keeps my personal data in order to manage my file. 					
	 I subscribe to KidsLife for the payment of Child benefits in Belgium. 	 I subscribe to KidsLife for the payment of Child benefits in Belgium. 				
	SIGNATURE 1 : MOTHER or 1rst PERSON	SIGNATURE 2 : <u>FATHER</u> or 2nd PERSON				
	Thanks for choosing KidsLife!					

You send us the form.

We examine your rights to Child benefits. We contact you if more informations are needed.

The family is not in Belgium?
We contact the international organization
or the Child benefits Fund abroad.

You receive Child benefits on your bank account.











Payment is made after we receive the answer from abroad.

