

Birth allowance application
To be returned to your child benefit fund

1. Applicant's details

- Surname and first name:
- Street and house number:
- Postcode and city:
- Phone:
- Email:
- National identification number (see back of identity card):

2. Mother's details (if she is not the applicant)

- **Surname and first name:**
- Street and house number:
- Postcode and city:
- National identification number (see back of identity card):

3. Father's or co-mother's details (if they are not the applicant)

- Surname and first name:
- Street and house number:
- Postcode and city:
- National identification number (see back of identity card):

4. Is the child the mother's first child? (Include any deceased or stillborn children after 180 days of pregnancy)

YES NO

Is the child the father's or co-mother's first child?

YES NO

5. You are... (if applicable):

retired (please attach a copy of your pension certificate or pension notice)

at least 66% disabled since / /

Accredited by (institution name and address)

.....

6. Your spouse or partner (if applicable):

works for an international organisation (European institutions, NATO, etc...)

works abroad in the following country:

receives a social benefit abroad

does not have an occupation.

Date and signature of the applicant or one of the parents

7. Declaration by the beneficiary (to be completed by the child's MOTHER)

The birth allowance will be paid to the mother.

The amount can only be transferred to a current account in her name or to a joint account in the name of both partners that she has access to for making transactions.

- Surname and first name:
- National identification number (see back of identity card):

Please transfer my child benefit to the following account:

IBA

N

BIC

in the name of

myself

myself and

I declare that I have completed this form truthfully and I hereby authorise my child benefit fund to check the above details with my bank. I will inform my child benefit fund immediately if I no longer have access to the child benefit in the account. In that case, I will provide a new account number.

IMPORTANT INFORMATION

If the check with your bank shows that the account number you provided is not in your name, your child benefit fund will ask you to provide another account number of which you are the (joint) account holder.

Date:

Signature:

Phone:

Email:

Birth allowance application appendix

To be completed from 4 months before the due date.

To be returned to your child benefit fund.

Complete this appendix before the child is born.

Please attach an original **certificate** from your doctor or midwife, or ask your doctor or midwife to fill in the form below.

After the birth, you must provide your child benefit fund with an original *certificate proving the birth for the purpose of obtaining the birth allowance under the family allowance legislation*. You will receive this certificate when you register the birth with the authorities. If your local council sends you an electronic certificate, you can also forward that to your child benefit fund.

Certificate for the advance payment of the birth allowance

I, the undersigned,

doctor/midwife, hereby declare that Ms

..... is at least 5 months pregnant.

The due date is/...../.....

She is expecting baby/babies.

Date:/...../.....

Signature and stamp