



Confirmation of Bank Account Holder Details
DECLARATION TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Contract number:

This form must be sent to us directly by your financial institution using the following e-mail address: servicesEB@aginsurance.be

With this form, I hereby confirm that

Surname: First Name:

born on : / /

is the account holder of the following bank account which has been opened with our financial institution:

IBAN: BIC:

Name of financial institution:

Surname and first name of the undersigned:

Position:

Complete address of the financial institution:

Date: / /

Signature and stamp: