

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

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

Contract number: :

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:	

0079-5248231E-07042015