



## Request for reimbursement of the administrative fee

Please complete this form legibly in capital letters (preferably using a computer) and send it to [reimbursement@ibz.fgov.be](mailto:reimbursement@ibz.fgov.be). If any information is missing, this may lead to a delay in the processing of your request.

PLEASE ENCLOSE PROOF(S) OF PAYMENT, in separate PDF files.

1) Amount to be reimbursed (in euro): .....

2) Reason for reimbursement request

(if necessary please attach proof in separate pdf files)

- Minor (aged under 18)
- Family reunion with an EU citizen
- Family reunion with a person who has been granted refugee status or subsidiary protection
- Double payment (two proofs of payment)
- Other reason (+ motivation):.....

3) Person for whom the payment was made\*

File number (if known):.....

First name: .....

Surname: .....

Date and place of birth:.....

Nationality: .....

Visa application reference number (if known):.....

4) Information about the account holder and bank details\*

Surname: .....

First name: .....

Street: ..... number:..... Box number: .....

Postcode: ..... Municipality: .....

Country: .....

Telephone number:..... e-mail:.....

National register number (for Belgian bank account holders): .....

Company name: :..... Type of company (plc, ltd,...).....

VAT number :.....(for reimbursement to a company)

Country in which the bank account is held: .....

Bank account number (IBAN):\* .....

SWIFT/BIC code: .....

Privacy statement:

The Immigration Office, located Antwerpsesteenweg 59B 1000 BRUSSELS, will enter the data mentioned above in an accounting application of the federal government. The Immigration Office respects your privacy. The data requested are limited to what is strictly necessary. You have the right to withhold your data. You have the right to access personal data about you and to correct and delete them. Your data will only be used for accounting purposes (in accordance with authorization no. 46/2008 of 12 November 2008 of the National Register Sectoral Committee). This information will never be given to third parties without your prior and explicit consent.

Signature of the person requesting reimbursement + date: