



Request reimbursement of contribution

Please complete this form in clear capitals preferably typed and send it to remboursement@ibz.fgov.be. Any information lacking may result in a delay in treatment of your request.

+ PLEASE ATTACH THE PROOF OF PAYMENT(S) TO THIS REQUEST in separate PDF files.

1) **AMOUNT of the reimbursement (in EURO):**

2) **MOTIVATION of request for reimbursement**

(if necessary please attach proof in separate pdf files)

- Minor (younger than 18 year)
- Family reunification with EU national (exc. Belgian national):
National register number person of reference.....
- Family reunification with recognized refugee / subsidiary protection status
National register number person of reference.....
- Double payment (**two proof of payments**)
- scholarship student (please attach signed **standard form** as proof of Belgian/European scholarship)
- Other reason (+ **motivation**):.....

3) **Person for whom the payment was made***

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

Reference number visa application (if known):.....

First name:

Last name:

Birth date and place:.....

Nationality:

4) **Data of the account holder and bank data***

National register number (for Belgian account holders):

Last name account holder:

First name account holder:

Street: number:..... Box:

Postcode: Municipality:

Country:

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

Name of company :..... Type of company (plc, ltd,...).....

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

Country of the bank account number:

(IBAN) Bank account number:*

SWIFT/BIC code:

Privacy statement:

The Immigration Office, with seat in the Antwerpsesteenweg 59B 1000 BRUSSELS, will handle the data mentioned above in an accounting application of the federal government. The Immigration Office respects your privacy. The data asked are limited to what is strictly needed. You have the right to hold back your data. You have the right to access the data related to your person and to have them corrected and deleted. Your data will only be used for accounting purposes (This in accordance with the authorization National Register no. 46/2008 of 12 November 2008 of the Sectorial Committee of the National Register). This information is never given to third parties without your prior and explicit consent.

Signature of the person requesting the reimbursement + date: