ZORGTOESLAG - PERSONAL QUESTIONNAIRE YEAR 20_

APPLICANT'S PERSONAL DETAILS			
Surname:		First name:	
BSN:		PESEL:	
Date of birth:			
Email:		Telephone:	
Address:			
NL income:		PL income:	

SPOUSE/PARTNER'S PERSONAL DETAILS			
Surname:		First name:	
BSN:		PESEL:	
Date of birth:			
Address:			
NL income:		PL income:	

YOUR INSURANCE IN THE NETHERLANDS			
Start date of insurance in the Netherlands: DD/MM/YYYY		Start date of zorgtoeslag: DD/MM/YYYY	

BANK ACCOUNT - PREFERABLY IN EURO	
IBAN:	____ |....._____
BIC:	__ __ __ __ __ __ __ __ __ __ __
COMMENTS:	

Declaration: I have completed the personal questionnaire truthfully. I acknowledge that **I am only entitled to one subsidy** for **married couples**, unless I am not registered with my wife/husband/fiscal partner at the same address.

CONSENT TO THE PROCESSING OF PERSONAL DATA

I, the undersigned, consent to the processing of my personal data in the scope specified above for the purpose of order fulfilment by taxxeo.com. Please note that your consent may be withdrawn at any time.

DATE:	

Signature of the client:

taxxeo.com