



SVB Banko di Seguro Sosial

Sociale Verzekeringsbank • Social Insurance Bank

Declaration form payment of Sickness & Accident Insurance (ZV/OV) Premium.

Month + year of declaration

Total number of employees

Company name:

Trade name:

Address:

Island:

Telephone:

SVB-number:

CRIB-number:

Please always state these numbers with payment and correspondence!

Total wages
Sickness Insurance (ZV)

NAfl. X

% = NAfl

Total wages
Accident Insurance (OV)

NAfl. X

% = NAfl

Total premium amount payable

NAfl

Signature of declarant

Place and date

To the credit of account

For transfer through Bank or Giro, please fill in the month of declaration, cribnumber and / or svbnr on the transfer order.
Your Bank or Giro statement is considered as "proof of payment"
The payment order should be to the credit of account:

SVB Banko di Seguro Sosial

Curacao : MCB: 871126-07 RBTT Bank n.v. 11 24 587 Giro Bank: 511900 BDC: 0150515489401 SFT: 0011-586386-001
Bonaire : MCB: 86828404 RBTT Bank n.v.: 23.07 839

St. Maarten : WIB: 87227300 RBTT Bank n.v.: 383090

St. Eustatius : WIB: 202090-04 FCIB: 1281018

Saba : RBTT Bank: 647047