



SVB Banko di Seguro Sosial

Sociale Verzekeringsbank • Social Insurance Bank

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

Month + year of declaration

Total number of employees

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SVB-number:

CRIB-number:

Company name:

Trade name:

Address:

Island:

Telephone:

Please always state these numbers with payment and correspondence!

**Total wages
Sickness Insurance (ZV)**

NAfl.

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 X

%=NAfl

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 X

**Total wages
Accident Insurance (OV)**

NAfl.

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 X

%=NAfl

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 X

Total premium amount payable

NAfl

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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
Curaçao : MCB: 87112607
: RBC: 8000000011245870
: Giro Bank: 1500076
: BDC: 154894 500 001 100 01
: SFT: 0011-586386-001
: ORCO Bank: 101664-110-001-001-03
: First Caribbean: 578000597