



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

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

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
ORCO Bank: 1016640395