



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 , X

**Total wages
Accident Insurance (OV)**

NAfl. , X

%=NAfl , X

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 "Betaalkenmerk", which is composed of: "your cribnr"-1055-"period of declaration (yymm)", on the transfer order. (e.g. Betaalkenmerk= 123195291-1055-1710).
Your Bank or Giro statement is considered as "proof of payment"
The payment order should be to the credit of account:

Ontvanger

: Banco di Caribe:30649501
: CIBC First Caribbean: 570000566
: Giro Bank:1500047
: MCB: 23329507

Orco Bank: 1081290195
RBC: 8000000104146229
Vidanova Bank: 502310001