## **Authorisation by heirs**

With this form you pass on an authorised representative to us on behalf of the joint heirs and a bank account number to which we can transfer money.

Fill in the form completely (in block letters), put your signatures and send it **with the supporting documents** to: CAK Regeling Buitenland, Antwoordnummer 91041, 2509 VC Den Haag.

| 1   | Details of the deceased                                                                                                                                              |            |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| 1.1 | First name                                                                                                                                                           |            |  |
|     | Initials                                                                                                                                                             |            |  |
|     | Surname                                                                                                                                                              |            |  |
|     |                                                                                                                                                                      |            |  |
| 1.2 | Date of birth                                                                                                                                                        | DD/MM/YYYY |  |
| 1.2 | Burgerservicenummer (BSI                                                                                                                                             | N)         |  |
| 2   | Authorised representative                                                                                                                                            |            |  |
|     | Name                                                                                                                                                                 |            |  |
|     |                                                                                                                                                                      |            |  |
|     | Address                                                                                                                                                              |            |  |
|     | Postcode and town/city                                                                                                                                               |            |  |
|     | Country                                                                                                                                                              |            |  |
| 3   | Bank details                                                                                                                                                         |            |  |
|     | The joint heirs of the deceased authorise the above mentioned representative to be refunded the outstanding amount. The CAK may transfer the amount to bank account: |            |  |
| 3.1 | IBAN                                                                                                                                                                 |            |  |
| 3.2 | BIC/SWIFT                                                                                                                                                            |            |  |
| 4   | Authorisation                                                                                                                                                        |            |  |
|     | You declare that you are in total with heirs.                                                                                                                        |            |  |
|     | By completing and signing the following page(s), the other heirs agree to this authorisation.                                                                        |            |  |
| 4.1 | Place                                                                                                                                                                |            |  |
|     | Date                                                                                                                                                                 | DD/MM/YYYY |  |
|     |                                                                                                                                                                      |            |  |
| 4.2 | Signature authorised representative                                                                                                                                  |            |  |



## 5 Heirs

| 5.1 | Heir no 1              |            |
|-----|------------------------|------------|
|     | Name                   |            |
|     | Address                |            |
|     | Postcode and town/city |            |
|     | Country                |            |
|     | Place                  |            |
|     | Date                   | DD/MM/YYYY |
|     |                        |            |
|     |                        |            |
|     | Signature heir no 1    |            |
| 5.2 | Heir no 2              |            |
|     | Name                   |            |
|     | Address                |            |
|     | Postcode and town/city |            |
|     | Country                |            |
|     | Place                  |            |
|     | Date                   | DD/MM/YYYY |
|     |                        |            |
|     |                        |            |
|     | Signature heir no 2    |            |
| 5.3 | Heir no 3              |            |
|     | Name                   |            |
|     | Address                |            |
|     | Postcode and town/city |            |
|     | Country                |            |
|     | Place                  |            |
|     | Date                   | DD/MM/YYYY |
|     |                        |            |
|     |                        |            |
|     | Signature heir no 3    |            |

| 5.4 | Heir no 4                   |                                                  |
|-----|-----------------------------|--------------------------------------------------|
|     | Name                        |                                                  |
|     | Address                     |                                                  |
|     | Postcode and town/city      |                                                  |
|     | Country                     |                                                  |
|     | Place                       |                                                  |
|     | Date                        | DD/MM/YYYY                                       |
|     | Signature heir no 4         |                                                  |
| 5.5 | Heir no 5                   |                                                  |
|     | Name                        |                                                  |
|     | Address                     |                                                  |
|     | Postcode and town/city      |                                                  |
|     | Country                     |                                                  |
|     | Place                       |                                                  |
|     | Date                        | DD/MM/YYYY                                       |
|     | Signature heir no 5         |                                                  |
| 5.6 | Heir no 6                   |                                                  |
|     | Name                        |                                                  |
|     | Address                     |                                                  |
|     | Postcode and town/city      |                                                  |
|     | Country                     |                                                  |
|     | Place                       |                                                  |
|     | Date                        | DD/MM/YYYY                                       |
|     | Signature heir no 6         |                                                  |
|     | More than 6 hairs? Then add | the details of the other heirs on an empty sheet |

More than 6 heirs? Then add the details of the other heirs on an empty sheet.



Send the signed form to: CAK Regeling Buitenland Antwoordnummer 91041 2509 VC Den Haag