

Do you already receive child benefit elsewhere, but would you rather join KidsLife?

Request to make your switch here.

Please email your completed form to vlaanderen@kidslife.be or send by post to: KidsLife Flanders, Sint-Clarastraat 48bis , 8000 BRUGES.

Applicant's personal details

Surname and first name:

Street and house number:

Postcode and city:

Email:

Mobile or landline phone number:

National registry number (on back of identity card) or date of birth:

Other parent's details

Surname and first name:

National registry number (on back of identity card) or date of birth:

We kindly request that you transfer the Growth Package to the bank account below

IBAN: _ _ _ _ _ - - - - - - - - - - - - - - -

This is a personal or joint bank account in my name. I give KidsLife permission to verify these bank details with my bank.

I would like to join KidsLife vzw for the payment of my Growth Package or Child Benefit from the nearest legal date.

Date of application:

Parents' signatures

The details that you supply on this form are collated to determine your entitlement to the Growth Package and its subsequent payment. The information that you provide is protected by the Personal Data Processing Act of 8 December 1992. Please contact the above address for the inspection or correction of your data.