



PLACE, DATE:
BSN NUMBER:
DATE OF BIRTH

ADDRESS
STREET:
TOWN:
POSTCODE:
COUNTRY:

Belastingdienst/Centrale administratieve processen
Unit Registeren
PO BOX 9055
7300 GT Apeldoorn
The Netherlands

Submitting/changing an account number application

for all kinds of payments from Belastingdienst

IBAN :

SWIFT/BIC:

NAME OF BANK:

ADDRESS OF BANK:

OWNER OF ACCOUNT:

CURRENCY:

I state that above account details are correct.

.....
signature of the taxpayer



PLACE, DATE: MIEJSCOWO , DATA
BSN NUMBER: NUMER BSN
DATE OF BIRTH: DATA URODZENIA

ADDRESS
STREET: ULICA/MIEJSCOWO
TOWN: MIEJSCOWO /MIASTO
POSTCODE: KOD POCZTOWY
COUNTRY: KRAJ

Belastingdienst/Centrale administratieve processen
Unit Registeren
PO BOX 9055
7300 GT Apeldoorn
The Netherlands

Submitting/changing an account number application

for all kinds of payments from Belastingdienst

PODAJ KONTO W FORMACIE IBAN (PL)
IBAN :

PODAJ kod SWIFT BANKU
SWIFT/BIC:

NAZWA BANKU
NAME OF BANK:

ADRES BANKU, KRAJ
ADDRESS OF BANK:

IMI I NAZWISKO (JAKO WŁA CICLELA)
OWNER OF ACCOUNT:

WALUTA KONTA (PLN, EUR, INNE)
CURRENCY:

I state that above account details are correct.

PODPISZ SI

.....
signature of the taxpayer