



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.

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signature of the taxpayer