



Agency for health and disability insurance
Local office :

Individual registration form for the holder of an European Health Insurance Card (of equivalent bilateral document)

Personal details

Name:

First name:

Date of birth: Nationality: M F

E-mail:

Phone :

Official abroad address

Street: Nr.....

Zip code: Town:

Country:

Contact address in Belgium (facultative)

Street: Nr.....

Zip code: Town:

Bank account number

IBAN :

BIC :

Account holder :

Reason of your stay in Belgium

- Work (please join copy of the employment contract)
- Studies
- Holidays
- Planned medical treatment
- Permanent residence in Belgium
- Other:.....

If you have already received medical care, please join the certificates to this form.

Date: /..... /.....

Signature:.....