



# CONGEMETAL ASBL

ANNUAL HOLIDAY FUND FOR METAL, MECHANICAL ENGINEERING AND ELECTRICAL CONSTRUCTION

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BBRUBEBB

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Company No. 0409.085.721

## PART 2 (to be completed by the funeral home only if you have ticked point E on the previous page)

The personal data requested is necessary to determine the right to payment of the holiday pay.

I, the undersigned, (First name NAME) .....

of the funeral home .....

declare that the funeral expenses of the deceased (First name NAME) .....

died on (date) ..... were paid via (several proposals possible):

- the account of the deceased (add the deed of succession)
- a natural person (please indicate name and address): .....  
.....
- a notary public in the name of the estate (mention name and address):  
.....  
.....
- a death insurance policy (include the name and address and the paid  
invoice and receipts): .....  
.....
- a CPAS (state the municipality and the address): .....  
.....
- personal accident insurance (include the name and address and the paid  
invoice and receipts): .....
- Other (to clarify): .....  
.....

Done at .....

Signature

On .....