

REQUEST FOR PAYMENT OF THE DECEASED'S HOLIDAY ALLOWANCE*Return the completed form to CONGEMETAL***PART 1 (to be completed by the applicant)****A. Information about the deceased**

NAME: First name:

National Register Number:

B. Information from the applicant

NAME: First name:

National Register Number:

Address:

E-mail address: Telephone number/mobile phone:

Bank account number to which the amount may be deposited:

B	E																
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C. Was the death the result of an accident at work? ☐ YES ☐ NO**D. Reason for the request**

My application is based on the fact that (tick):

- ☐ I was living with the deceased at the time of his death;
- ☐ I have paid the hospitalisation costs of the deceased (attach a bank identity as well as the paid invoice or receipts);
- ☐ I have paid the funeral expenses (attach a bank identity as well as the paid invoice or receipts);

E. If none of the answers in point D apply:

- ☐ I have not paid the hospitalisation/funeral costs of the deceased > **Please have part 2 completed by the funeral home.**

F. Do other persons meet the same conditions to receive the holiday pay(s)??☐ YES ☐

NO

G. I give permission for this data to be shared among the various holiday funds.☐ YES ☐ NO

Done at

Signature (of the applicant)

On

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