Postbus 9138, 1006 AC Amsterdam
Tel. 020-586 66 66
Fax 020-586 66 65
info@scheepvaartnet.nl
www.scheepvaartnet.nl
K.v.K. Amsterdam 50580353
AFM nummer 12040304

AZVZ

Health insurance application

1. Policy holder

Name :_____ Initials :_____

Date of birth :_____

Address :_____ Male/female

Postal code :_____

Telephone :_____

City of residence :_____

Mobile telephone :_____

Country of residence :_____

Nationality :_____

BSN :_____

Bank- or giro ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

IBAN:

BIC:

2. Choice of insurance

Standard package: ☐ supplementary package AZVZ Comfort : ☐

supplementary package AZVZ Comfort Extra : ☐

3. Date of entry:

4. Collectivity

Seaman yes : ☐ Employer (name):_____

no : ☐

5. Payment of the contribution

By means of deduction from salary yes : ☐ Direct Debit yes: ☐

no : ☐ no: ☐

6. *Authorization*

AZVZ is authorized to terminate my current health insurance in The Netherlands ☐

Please Note!

If you don't have the Dutch nationality, please enclose a copy of a valid passport.

If you are a resident of a Member State of the European Union, on request we will send you a European form (E 106: certificate of entitlement to sickness and maternity insurance benefits for persons residing in a country other than the competent country). With this form you and your family members can register at the health insurance authorities in your country of residence.

Date:_____ Signature:_____