

## APPLICATION FOR PAYMENT OF DEPOSITED FUNDS

APPLICANT'S DETAILS		
• Particulars:		
(COMPANY) NAME		
STREET NUMBER (+ suffix)		
POSTCODE + PLACE		
COUNTRY		
E-MAIL ADDRESS		
<b>Chamber of Commerce / Commercial Register</b>		
Registration number *		
Name authorized representative *		
* If applicable		
<b>9</b> Please check the appropriate box + fill	n the required information if C. applies:	
A. You are a	□ Private individual	
B. The applicant is a	□ Proprietorship □ Legal entity   Please submit proof of power of attorney or	
	a similar document, such as a certificate of incumbency, or an extract from the commercial register (no older than 3 m which reveals that you are entitled to represent the legal er	nonths
C. You are a legal professional at		e office]
<b>6</b> You are submitting this application	<ul> <li>On behalf of yourself or your business or on behalf of your company</li> <li>By proxy on behalf of someone else or someone's business or a company</li> </ul>	ny
In case you are acting by proxy on behalf of someon of the relevant person of the company for whom or	e else or someone else's business or a company, please fill in the details buy	<u>elow</u>
Particulars of the principal:		
(COMPANY) NAME		
STREET NUMBER (+ suffix)		
POSTCODE + PLACE		
COUNTRY		
E-MAIL ADDRESS		
Chamber of Commerce / Commercial Register		
Registration number *		
Contact person's name *		

\* If applicable



## DETAILS CONSIGNMENT OF DEPOSITED FUNDS

DETTIES CONSIGNATION OF DEFO	DITED TOTAL					
Please fill in the details of the consigning	ment:					
Please check our search engine for further details: https://www.rijksoverheid.nl/onderwerpen/consigna	atiekas/zoeken-naar-ee	en-uitkerin	a-uit-de-c	onsignatiek	as	
NUMMER [number]				_		
OMSCHRIJVING [description]						
NAAM BELANGHEBBENDE [rightful claimant]						
BEDRAG BELANGHEBBENDE [amount due]	☐ Less than € 50					
	□ €			[in case yo	u know the e	exact amount]
NAAM AANMELDER [name of the registerer] VOLGNUMMER [serial number]						
THE RIGHTFUL CLAIMANT						
According to the search engine: Please check the appropriate box + fill	l in the required in	formatio	on if D. a	pplies:		
A. You/your company/your principal are/is registered as the rightful			nt	□ Yes	□ No	
under your own <b>naam</b> [name] <b>B.</b> You/your company/your principal are/is registered as the rightful claimant as <b>erfgenaam/erfgenamen van</b> [heirs to]			int	□ Yes	□ No	
You/your company/your principal are/is repair as onbekende¹ [unknown]	gistered as the rightf	ful claima	nt	□ Yes	□ No	
You/your company/your principal are/is no but you make a claim for the funds becaus		rightful o	claimant,			
SUPPORTING DOCUMENTS						
Please check the appropriate box (5A-	5B-5C-5D) + send	the spe	cified do	cuments	with the a	application:
□ If 5A applies: <b>►</b> Send documents		(or of the Copy of a the consi money, U	e authorize documen gnment ov JNLESS the	ed represent t which pro wed you/yo e full name	ves that the ur company/	he principal) registerer of your principal ul claimant is
☐ If 5B applies:  ✓ Send documents		(or of the	authorize	ed represent		oplicant² he principal) cate of inheritanc
☐ If 5C applies:  ✓ Send documents		(or of the Copy of a	authorize documen	ed represent t which pro	ves that the	oplicant <sup>2</sup> he principal) registerer of your principal
☐ If 5D applies: <b>◆</b> Send documents		(or of the Copy of a	authorize documen	ed represent t which pro	ves that you	oplicant <sup>2</sup> he principal) /your company/ the deposited

<sup>&</sup>lt;sup>1</sup> E.g. *onbekende aandeelhouder* [unknown shareholder]

Please send a copy of a valid legal identification. You may obscure your photo and social security number, if so desired. For identification we require a passport or an ID-card or a driver's license.



PRINCIPAL		
Please check the appropriate box (5A)	-5B-5C-5D)	+ send the specified documents with the application:
<ul> <li>□ In case you are submitting the application on behalf of the person entitled to the Send documents</li> </ul>		<ul> <li>Copy of the power of attorney</li> <li>Copy of a valid legal identification of the principal²</li> </ul>
<ul> <li>□ In case you are submitting the application on behalf of the company entitled to the second documents</li> </ul>		<ul> <li>Copy of the power of attorney</li> <li>Copy of a recent extact from the commercial register document which reveals that the signatory of the power of attorney is entitled to represent the relevant legal entity</li> </ul>
PAYMENT		
Your request is for a payment of		€
• To be transferred to: • IBAN		
For payment outside the SEPA area: • IBAN or bank account nummer • BIC/SWIFT * • Routing/transit number/ABA code of	the bank **	
* To find your BIC number: https://nl.ibancal ** For payments to North America (USA and C		
In case the account is not in the applicant please state the name + the address of the		lder
FOR FURTHER CREDIT		
A payment 'for further credit' is a transfer of mone This may be the situation in the case of a non-SEP The processor is the intermediary bank to which th PLEASE ENTER YOUR DETAILS, IF APPLICABLE:	A payment, i.e.	
PROCESSOR		
Name of bank		
BIC/SWIFT *		
Routing/transit number/ABA code ** Country		
Postcode		
Street number		
Street number suffix		
Street		
Place		
Confirmation of consent for payment via FFC * You are required to give your consent for payment via For Further Credit.	□ Yes	□ No
Confirm your consent that the payment to the bank is deemed to constitute payment to the beneficiary.	□ Yes	□ No

Confirm your consent that the payment to the bank is deemed to constitute payment to the beneficiary.



## OPTIONAL EXPLANATION

If so desired, you can give an explanation to your application below:

SIGNATURE
Date:
Name:
Signator applicant (or the authorized representative (by proxy))