



Sociale en Ziektekosten Verzekering
Harbour View, Sparrow Road #4
Philipsburg, St. Maarten
Telephone: 546-6782

APPLICATION FORM WAGE LOSS

FINANCE DEPARTMENT SZV

Date application: _____
Name of the company: _____
SZV number: _____
Crib number: _____
Name of contact: _____
Phone: _____
Email: _____

Application

Herewith I apply for payment of wage loss from (D/M/Y) _____ until _____ *.

Additional information: _____

Payment

Please pay me:

0 By cheque
0 Through bank account

If you prefer payment through your bank account, please provide us with details of your bank account.

Name beneficiary _____ Name bank _____ Bank account _____

*At payout, SZV provides you with a detailed overview of all employees for whom wage loss is calculated.

Sint Maarten,

Date (D/M/Y): _____

Name & Signature:

Disclaimer

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