Data of the entity (principal)

Company registration number: NSSO Number:

Name:

Street [1]:   Number: Box:

Postal code: City: Country:

Data of the service provider (agent)

Company number:

Agreement number [2]:   Branch number [2]:

Company affiliation number:

Name:

A. Mandates the above-mentioned social service provider or the certified social secretariat to act on its behalf and for its account.

The mandate relates specifically to the following group(s) of services [3]:

Social Security	**Social risks**	**Other**
☐ DIMONA	☐ DSR Unemployment	☐ Sigedis (DB2P - Employer)
☐ DMFA	☐ DSR Indemnities	☐ One-Stop-Shop WIB
☐ International services	☐ DSR Work accidents	☐ WITA Amateur
☐ Flexi At Work	☐ Temporary unemployment	☐ Federal Learning Account
		☐ BELparcel
		☐ Public representatives

Beginning quarter: /   Ending quarter [4]:   /

B. Also confirms that the previous mandate (if applicable) has been properly terminated.

C. Elects domicile, for the selected group(s) of applications, at the headquarters / domicile of the service provider for the receipt of all correspondence and communications.

D. The mandate begins on the first day of the quarter of affiliation.

On behalf of the entity (principal) :

Date of signature:

National register number:

Full name:

Signature

On behalf of the service provider (agent) :

Date of signature:

National register number:

Full name:

Signature

IMPORTANT NOTES:

[1] Address data to be completed if no company registration number.

[2] To complete if service provider is a CSS.

[3] Selecting one or more groups of services implies that the service provider has access to the electronic social security network as well as to the basic infrastructure and software necessary to be able to manage the employer's obligations.

[4] Optional. The ending quarter must be less than the current quarter.

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