

PROCURATION

Data of the entity (principal)

Company registration number: NSSO Number:
 Name:
 Street: Number: Box:
 Postal code: City: Country:

Data of the service provider (agent)

ASS authorization number:
 Number of the ASS unit where the file is stored:
 Company affiliation number (Optional):
 Company number:
 Name:
 Street: Number: Box:
 Postal code: City: Country:
 Phone: Email:

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 (1)*:

Sociale zekerheid

- DIMONA
- DMFA
- Internationale diensten

Sociale risico's

- ASR Werkloosheid
- ASR Uitkeringen
- ASR Arbeidsongevallen
- Tijdelijke werkloosheid

Andere

- Sigedis (DB2P - Werkgever)
- Uniek Loket WIB

Quarter of affiliation : (Q/YYYY)

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.

* Information on the back

V 3.0

On behalf of the entity (principal):

Name:
Date of signature :

National registration number:
signature

On behalf of the service provider (agent):

Name:
Date of signature :

National registration number:
signature

IMPORTANT NOTES:

(1) 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.