

ADMINISTRATION OFFICE

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**CLAIM FORM**

NAME and First Name of the beneficiary : .....

Email address of the beneficiary : .....

Town/city and country : .....

His/her IBAN (International Bank Account Number) : .....

His/her BIC code (Bank Identifier Code) of his/her bank : .....

The amount to be paid in Euro : ..... (\*)

(\*) if not in Euro, please specify clearly the currency :

The reason for this payment request : .....

.....

.....

**Attachment**

When applicable a proof of claim has to be attached to this form.

If so : number of pages of the proof of claim : ..... pages.

This claim has been approved by .....

Function : .....

(for instance – Treasurer of the xxx Council)

Date and signature : .....

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For EC Office use only - to be booked under account number : .....  
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