

Changing address and/or personal details of treaty-entitled persons

With this form you notify us of a change of your address, telephone number or e-mail adress. This form can also be used to correct the details we are holding about you or a family member(s) in our records.

Please note: Does your partner have their own CAK file? Then have your partner fill out a separate form.

Complete the form (in block letters), sign it and send it to:

CAK Regeling Buitenland
Answer number 91041
2509 VC The Hague

We handle your data neatly. Read more at www.hetcak.nl/en/your-privacy.

1 Reason for change

- I have moved house / will be moving house
Complete sections 2, 3 and 7.
- I have a new postal address
Complete sections 2, 4 and 7.
- My details have changed / are incorrect in your records
Complete sections 2, 5 and 7.
- The details of my family member have changed / are incorrect in your records
Complete sections 2, 6 and 7.

2 Your personal details

- 2.1 First names (in full) _____
Surname _____
Maiden name (if married) _____
- Date of birth DD / MM / YYYY
- 2.2 Burgerservicenummer (BSN)



More information can be found on
www.hetcak.nl/abroad

3 Your address details

Enter your new address in your country of residence here.

- 3.1 Street and house number _____
Postcode _____
Town/city _____
Province _____
Country _____
- 3.2 Date of move *DD / MM / YYYY*
- 3.3 Are your co-insured family members moving with you? Yes. *Go to 4.*
 No. *Fill out which family members stay behind.*

Family member 1. First name _____
Surname _____
Date of birth *DD / MM / YYYY*

Family member 2. First name _____
Surname _____
Date of birth *DD / MM / YYYY*

Family member 3. First name _____
Surname _____
Date of birth *DD / MM / YYYY*

Family member 4. First name _____
Surname _____
Date of birth *DD / MM / YYYY*

4 Your new postal address

*Only fill this in if you have a postal address that is different from your home address.
We will then send all letters and information to your postal address.*

- 4.1 Street and house number _____
Postcode _____
Town/city _____
Province _____
Country _____
- 4.2 Postal address effective from *DD / MM / YYYY*

5 Change your details

Just tick what you want to change and fill in the new information behind it.

<input type="checkbox"/> Initials	_____
<input type="checkbox"/> First name	_____
<input type="checkbox"/> Surname	_____
<input type="checkbox"/> Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD / MM / YYYY
<input type="checkbox"/> BSN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Email address	_____
<input type="checkbox"/> Telephone number	_____

6 Change details of co-insured family member

*If you want to change the details of your co-insured family member, fill in the name and date of birth.
At the bottom you describe what needs to be changed.*

Family member 1. First name _____

Surname _____

Date of birth DD / MM / YYYY

Family member 2. First name _____

Surname _____

Date of birth DD / MM / YYYY

Family member 3. First name _____

Surname _____

Date of birth DD / MM / YYYY

Family member 4. First name _____

Surname _____

Date of birth DD / MM / YYYY

Please write down what needs to be changed.

7 Signature

I declare that I have entered all the details truthfully.

7.1 Place

Date

DD/MM/YYYY

7.2 Signature



Send the completed form to:
CAK
Antwoordnummer 91041
2509 VC Den Haag