

## Government of Flanders

Postal address:  
P.O. BOX 54  
1930 Zaventem  
T 078 79 00 07  
welkom@fons.be  
[www.fons.be](http://www.fons.be)

## Apply for a Groeipakket



### What is the Groeipakket?

Any child living in Flanders can receive a Groeipakket.

**Children who do not live in Flanders** can also receive a Groeipakket if they **meet the conditions**.

This applies to:

- children living in **another European Economic Area (EEA)** country;
- children living in a country with which Belgium has a **bilateral agreement** on family benefits.

These children can only receive a Groeipakket if a parent or partner of the parent **works in Belgium or receives Belgian benefits**.

Read more about the Groeipakket and amounts at [www.fons.be](http://www.fons.be).

### How do you get the Groeipakket?



**Apply for the Groeipakket using this form.**

Have you already applied for a Groeipakket from FONS? Then you will receive this form because we **need some further details** to process your application.

### What information do you need to provide us with?

Let us know if the parent or partner of the parent:

- **no longer works in Belgium;**
- **no longer receives Belgian benefits.**

## FONS is here for you!

FONS guarantees proper and warm service to every family.

FONS is one of five payers of the Groeipakket. You can choose your own payer. Read more at [www.groeipakket.be](http://www.groeipakket.be).

The FONS team is happy to help you by:



- **phone:**  
**from abroad:** +32 2 897 12 99  
from Belgium: 078 79 00 07
- **email:** [welkom@fons.be](mailto:welkom@fons.be)
- **reception :** consult our website: [www.fons.be](http://www.fons.be), for our local offices and our consultation days

FONS attaches great importance to **the protection of your personal data**.

We process your data to pay out your Groeipakket correctly in accordance with the Groeipakket decree. FONS can pass on this data to other payers. FONS will keep your personal data for as long as your child is entitled to a Groeipakket.

You always have the right to:

- ask FONS to view, correct or delete your personal data and limit its processing;
- ask FONS to transfer the personal data directly to another controller;
- file a complaint with the Data Protection Authority.

For further questions or to exercise your rights regarding the processing of your personal data, you can always contact [dpo@vutg.be](mailto:dpo@vutg.be).

More information can be found in the Privacy section of the [FONS.be](http://FONS.be) website.

## Groeipakket application form



**FONS – Vlaamse Uitbetaler Groeipakket**  
 Postal address: P.O. BOX 54, 1930 Zaventem  
[www.fons.be](http://www.fons.be)

**E-mail:** [welkom@fons.be](mailto:welkom@fons.be)  
**Phone:** from abroad +32 2 897 12 99  
 from Belgium 078 79 00 07

Complete this form in full, sign it and return it to [welkom@fons.be](mailto:welkom@fons.be)  
 or P.O. BOX 54, 1930 Zaventem

### Details of one parent

National registration number: .....  
 (see back of identity card)

If no national registration number:

Forename: .....

Surname: .....

Date of birth: .....

Gender: .....

Street and house number: .....

Postcode and town: .....

Country: .....

E-mail: .....

Telephone number: .....

Works as an employee or self-employed  Yes  No

Name of employer or company: .....

Street and house number: .....

Postcode and town: .....

Country: .....

Without occupation  Yes  No

Receives benefits  Yes  No

Type of benefit: .....

Country: .....



## Details of the other parent or partner of the parent

There is **no** other parent or partner of the parent

There is an other parent or partner of the parent

National registration number: .....

(see back of identity card)

If no national registration number:

Forename: .....

Surname: .....

Date of birth: .....

Gender: .....

Street and house number: .....

Postcode and town: .....

Country: .....

E-mail .....

Telephone number .....

Works as an employee or self-employed

Yes

No

Name of employer or company: .....

Street and house number: .....

Postcode and town: .....

Country: .....

Without occupation

Yes

No

Receives benefits

Yes

No

Type of benefit: .....

Country: .....

## Details of the child(ren)

	Child 1	Child 2	Child 3
Forename	.....	.....	.....
Surname	.....	.....	.....
Date of birth	.....	.....	.....
Gender	.....	.....	.....
Applicant's bond with the child (e.g. parent or step-parent)	.....	.....	.....
Partner's bond with the child (e.g. parent or step-parent)	.....	.....	.....
	Child 4	Child 5	Child 6
Forename	.....	.....	.....
Surname	.....	.....	.....
Date of birth	.....	.....	.....
Gender	.....	.....	.....
Applicant's bond with the child (e.g. parent or step-parent)	.....	.....	.....
Partner's bond with the child (e.g. parent or step-parent)	.....	.....	.....

## Are any children already receiving family benefits from a country other than Belgium?

No

Yes

Name child(ren):

Name of the institution paying the family benefits:

Address of the institution:

File number:

## Are there any children among them with a disability?

No

Yes

Name child(ren):

.....

## Are there any children among them who have lost one or both parents?

No

Yes, one parent

Name child(ren):

.....

Forename and  
surname of  
deceased parent:

.....

Date of birth of  
deceased parent:

.....

Yes, both parents

Name child(ren):

.....

Forename and  
surname of  
deceased parents:

.....

Date of birth of  
deceased parents:

.....

## Are all the children for whom you are applying being raised in your family?

Yes

No

This child/These children are being raised **in the family of the other parent**

Name child(ren):

.....

Forename and  
surname of the  
parent:

.....

Date of birth of the  
parent:

.....

Does this parent  
work?

Yes

No

This child/These children are being raised **in a foster family**

Name child(ren):

.....

Forename and  
surname of the

.....

person raising  
them:

Date of birth of the  
person raising  
them:

Bond with the  
child(ren):

Does the person raising them work?  Yes  No

This child/These children are being raised **in an institution**

Name child(ren)

Name of the  
institution:

Address of the  
institution:

Telephone number  
of the institution:

Date of placement:

I want/we want FONS to handle my/our Groeipakket

Date application                    /                    /

Name(s) and signature(s) of  
the applicant(s)

## Payment of the Groeipakket to a bank account

**FONS – Vlaamse Uitbetaler Groeipakket**  
Postal address: P.O. BOX 54, 1930 Zaventem  
[www.fons.be](http://www.fons.be)

**E-mail:** [welkom@fons.be](mailto:welkom@fons.be)  
**Phone:** from abroad +32 2 897 12 99  
from Belgium 078 79 00 07

Complete this form in full, sign it and return it to [welkom@fons.be](mailto:welkom@fons.be)  
or P.O. BOX 54, 1930 Zaventem

For a Belgian account number, a statement from the beneficiaries is sufficient. We will check the account number with your bank ourselves. **For a non-Belgian account, the bank must also complete a statement.**

I request/We request that the Groeipakket be deposited into this bank account

IBAN

BIC

Holder(s) name

Date

/

/

Name applicant(s)

Signature applicant(s)

**Notify FONS immediately if your bank account changes.**



Have this statement completed by your bank (for non-Belgian account)

## Statement of the bank

We confirm that the bank account

IBAN

BIC

In the name of

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bank's stamp

Signature bank

## Statement of place of residence (outside Flanders)



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**Phone:** from abroad +32 2 897 12 99  
 from Belgium 078 79 00 07

Have this form completed by the competent authority for the population register or register office in the family member’s place of residence. Send it to [welkom@fons.be](mailto:welkom@fons.be) or P.O. BOX 54, 1930 Zaventem.

### Family composition

Surname	Forenames	Date of birth	Kinship
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

The competent authority will confirm the accuracy of the details based on official records in its possession

Date:

Name, stamp and signature of the authority: