

PLEASE PROVIDE US YOUR BANK ACCOUNT NUMBER

In order to make the reimbursement as soon as possible please complete this information board and send it back by email or fax. Please send us one bank account number per family.

ACCOUNT HOLDER

LAST NAME _____

FIRST NAME _____

ADDRESS _____

BANK DETAILS

BANK NAME _____

BANK ADDRESS _____

IBAN or ACCOUNT NUMBER _____

SWIFT or BIC CODE _____

Conforming to the Data Protection Act established January 6th 1978 and general regulation concerning data protection dating from May 25th 2018, private data collected as part of the present contract shall be processed so as to effectively manage and execute your health insurance contract. By signing this document, you expressly provide your consent to the processing of your private data. No commercial use will be made using your private data.

By enforcing existing legislation, you may exercise your right to access, modification, and opposition to the use and processing of your private data by writing via air mail or by email to the delegation for data protection: info@carps.fr / CARPS International, 168 rue de Grenelle, 75007 Paris.