Framtíðarauður



Reimbursement for citizens outside the EEA

Name and Address in Iceland:					
Name:					ID No:
Address:					Tel:
Postcode: City/town:			Email:		
Citizenship/Country of Registration:			Date of departure:		
Address abroad:					
Address:					
Postcode: City/town:		Country:			
Does the applicant instruct Ísla No Bank information:		•	t?		
Account number:					
Italy, Latvia, Lithuania, Luxembourg	Bulgaria, Croatia, Cy g, Malta, Netherlands, noth. Applications re	Poland, Portugal, Ror	nania, Slov t the lates	akia, Slovenia, Spa	d, France, Germany, Greece, Hungary, Ireland in, Sweden and the United Kingdom. 15 th of the same month and applications
Required documents: Copy of passport. Copy of flight ticket. Confirmation from t Confirmation from F	he employer.				
Place	Date (DD.MM.)	YYYY)	_		
Signature of beneficiary			On behalf of Íslandsbanki		
Filled out by bank:					
Eign:		Lífeyrisreikningur			Lífeyrisleiðir
Heildareign					

