

**APPLICATION FOR  
REPAYMENT OF EXCEPTIONAL EDUCATIONAL COSTS  
1999/2000**

Personnel No \_\_\_\_\_

Surname and first name.....  
 Nationality..... Grade/step .....  
 Institution ..... Place of employment .....  
 Office address ..... Office tel. ....  
 ..... Private tel. ....  
 Bank ..... Account No .....

Basic salary of applicant<sup>(\*)</sup> .....

Spouse's net annual salary<sup>(\*)</sup> .....  
 (from 1.6.1999 to 31.5.2000)

Maintenance payments received by  
 spouse and/or applicant<sup>(\*)</sup>  
 (from 1.6.1999 to 31.5.2000)

Number of dependent children .....

**Children in respect of whom I am applying for a repayment:**

Surname/First name	Sex	Date of birth	Annual education costs <sup>(*)</sup>

Are you entitled to repayment under budget heading A-4103

(Aid for disabled persons)?

YES/NO

or from the sickness insurance?

YES/NO

If YES, please enter name(s) of child(ren) concerned.

Surname/first name .....

Place ..... Date ..... Signature .....

**<sup>(\*)</sup>PLEASE ENCLOSE ALL SUPPORTING DOCUMENTS !**