



SVB Banko di Seguro Sosial

Sociale Verzekeringsbank • Social Insurance Bank

Declaration form payment of **Sickness & Accident Insurance (ZV/OV) Premium.**

Month + year of declaration

maart 2026

Total number of employees

1

SVB-number:

CRIB-number: 102490740

Company name: TH Gambling N.V.

Trade name:

Address: Telamonstraat 6

Island: Curaçao

Telephone:

Please always state these numbers with payment and correspondence!

**Total wages
Sickness Insurance (ZV)**

Cg

2 5 9 2

,

1 1

x

1,90

% = Cg

4 9

,

2 5

**Total wages
Accident Insurance (OV)**

Cg

2 5 9 2

,

0 0

x

0,50

% = Cg

1 2

,

9 6

Total premium amount payable

Cg

6 2

,

2 1

Signature of declarant

Place and date

To the credit of account

For transfer through Bank or Giro, please fill in the "Betaalkenmerk", which is composed of: "your cribnr"-1055-"period of declaration (yy-mm)" on the transfer order. (e.g. Betaalkenmerk = 123195291-1055-1710).

Your Bank or Giro statement is considered as "proof of payment"

The payment order should be to the credit of account:

Ontvanger

Banco di Caribe: 30649501

CIBC First Caribbean: 570000566

Giro Bank: 1500047

MCB: 23329507

Orco Bank: 1081290195

RBC: 8000000104146229

Vidanova Bank: 502310001