Kela [©]	Notification Y 1216 Change of account number Individual customer		
You can also complete the form and file related documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish) More information is available at www.kela.fi If you have questions, please call our customer service number (www.kela.fi/call-kela)	Please make sure to complete the form carefully. Attach all necessary documentation. We may contact you for further information if necessary Send the form and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.		
 Individual customers can use this form to notify Kela of n Legal representatives and public authorities use e.g. form Beneficiary 			
Personal identity number Family name and given name Telephone number			
(i) Kela obtains the address data from the population data s	ystem.		
2. Benefit that the changed account number conce	erns		
All my benefits			
Disability allowance for persons aged 16 years or over	Child home care allowance or Private day care allowance		
Disability allowance for persons under 16 years of age	Financial aid for students		
Child maintenance allowance	Basic social assistance		
Pension assistance	Sickness allowances		
Care allowance for pensioners	Conscript's allowance		

3. Account number in Finland

Other benefit, please specify:

Housing allowance for pensioners

National pension

Child benefit

Rehabilitation allowance

Guarantee pension

Parental benefits

Unemployment benefits

General housing allowance

4. Account number abroad

International bank account number (IBAN)

Bank Identifier Code (BIC)

() If the IBAN account number and BIC code are not known, please fill in the following information.

Name of bank and branch

Address			
Country			
Account number			
SWIFT code			

5. Additional information

Write the number of the section you are referring to.

6. Signature

() If this form is not signed by the applicant, an account statement or other equivalent documentation must be enclosed as verification that the bank account stated is the applicant's bank account.

I declare that the information I have given is true and accurate. I will notify any changes.

Place and date

Signature and printed name of the beneficiary, the beneficiary's provider or other payee

