

Please note!

Don't forget to sign this form.



CIBG
Ministerie van Volksgezondheid,
Welzijn en Sport

BES exemption

Application or renewal of BES exemption with BIG registration

- Fill in the form completely
- Print the form and sign it
- Scan the signed form
- Send it by email to info@besontheffingen.nl

Please note: Were you previously registered in the BIG register but are you no longer listed? Then you need to submit additional documents. You will receive further instructions after submitting your application.

1 General details / contact details

- 1.1 Type of application A new application
 A renewal
- 1.2 Birth name (as shown on your passport) _____
- 1.3 First name / first names _____
- 1.4 BIG number _____
- 1.5 Email address (for correspondence concerning your BES exemption) _____

2 Profession and specialisation

- 2.1 For what profession are you applying for a BES exemption? pharmacist
 physician
 midwife
 dentist
- 2.2 Would you also like to apply for a BES exemption for a specific area of expertise? > For which area of expertise are you applying for an exemption? It does not have to be a specialism as referred to in Article 14 of the BIG Act. For example, it can also be a certain profile.

- 2.3 Permission I give permission to use my data from the BIG register for the assessment of this request.
 I give permission to send me correspondence by email.
 I consent to share my data with the professional association that assesses the area of expertise.

3 Authorisation

For this procedure, I authorise

- 3.1 Name _____
- 3.2 Street and house number _____
- 3.3 Postcode and city/town _____
- 3.4 Country _____
- 3.5 Email address _____
- 3.6 Telephone number _____

