

Last name:

First name:

Birthdate:

Last name:

First name:

Birthdate:

The conditions for the grant are as follows:

Document to be attached:

Medical certificate for people suffering from incontinence

This form should be returned by 31 December 2026 at the latest to **Commune de Steinfort** - B.P. 42 - L-8401 STEINFORT or recette@steinfort.lu. Do not hesitate to ask for additional forms or information, if necessary, by phoning 39 93 13-235.

I, the undersigned, declare that the information provided on this form is accurate.

Place & date:

Signature

Reserved for the administration

Date of entry: _____

Calculation of the grant: _____

Grant

GRANTED amount (€): _____

REJECTED reason: _____

Budget line: 3/510/648100/99001

Steinfort, _____

Signature



Formulaire en FR

The information collected in this application form is necessary in order to proceed with your request for the "Application for a subsidy for the use of sanitary nappies". These personal data are subject to a computerised data treatment which is necessary in the context of your request. Only the municipality of Steinfort will have access to this information. The data you provide will be kept for the necessary period in order to fulfil the above-mentioned purposes or as long as required by law.

In accordance with the Regulation (EC) 2016/679 on the processing of personal data and on the free movement of such data, you have the right to access, rectify, erase or request the restriction of the processing of your data. You have the right to object to the processing of your personal data, the right to dereference of your data and the right to challenge a decision resulting from an automated process.

You also have the right to lodge a complaint with the National Commission for Data Protection (CNPD), if you believe that the processing of your data does not comply with the law. To exercise your rights provided by the law or to withdraw your consent to the processing of your personal information, please contact the Data Protection Officer of the municipality of Steinfort by e-mail to: dpo@steinfort.lu, or by post to:

DPO - Commune de Steinfort 4, Square Patton L-8443 Steinfort.

By filling in and returning this form, you consent to the use of your personal data for the purpose of your application for a "Application for a subsidy for the use of sanitary nappies".

Formular auf DE

