

Registration form Club of 50 Study Association POLIS

1. Personal details.

Given name: _____ Organization: _____

Last name: _____ E-mailadress: _____

Date of birth: _____ Mobile phone: _____

2. Contact information

Adress: _____

Zipcode: _____ Place of residence: _____

Phone number: _____

3. Mandate information

Mandate for recurrent collections

SEPA

Name: Polis

Adress: Warandelaan 2

Postal code: 5037 AB Place of residence: Tilburg

Creditor ID: NL64ZZZ4026025110000 Mandate reference: Will be announced later on

By signing this mandate form, you authorize **Polis** to send recurrent collection instructions to your bank to collect contribution payments and your bank to debit your account on a recurrent basis in accordance with the instructions from **studyassociation POLIS**. If you do not agree with the debit you can refund your money within eight weeks. *Resignation of your membership is only possible by a signed letter up until 31th of August with a term of notice of 4 weeks.*

Account number IBAN: _____

Date: _____

Signature: _____
