

„Rosenkinder“-Fördergemeinschaft für Kinder in Sri Lanka e.V.

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Chairman of the association
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Bankaccount:
IBAN DE37 2219 1405 0040 4284 00
BIC GENODEF1PIN - Volksbank Pinneberg-Elmshorn

Application for admission

Herewith I declare my accession to the association "Rosenkinder" - Fördergemeinschaft für Kinder in Sri Lanka e.V.

family name, surname			
day of birth			
street, house number			
postal code		town	
phone-, mobile number			
E-Mail			

I would like to support the association with an annual membership fee of _____ € support. (current minimum contribution according to statutes are 50 EURO)

By providing my e-mail address, I agree that I will be informed and invited by e-mail. Otherwise I have taken note of the association's statutes and data protection regulations which are available on the internet. German law applies to the association.

I also make sure that the board always has my current e-mail address.

The executive committee decides on the final admission to the association. This is confirmed in writing by the association with a fortnightly right of veto.

town / date

signature

I will transfer my membership fee according to the statutes to the above-mentioned account by standing order..

alternative:

Hereby, a direct debit authorization and a SEPA Direct Debit Mandate are issued overleaf

Issuing a direct debit mandate and a SEPA direct debit mandate

name of the payee: "Rosenkinder" e.V. – Fördergemeinschaft für Kinder in Sri Lanka e.V.

address of the payee:
"Rosenkinder" e.V. Heidredder 3 D-25436 Uetersen - Germany

Creditor Identification Number: DE44RKI00000143901
mandate reference: (is awarded by the association)

direct debit authorization:
I authorize / we authorize the payee (name see above) to collect the payments to be paid by me / us when due by direct debit from my / our account.

SEPA Direct Debit Mandate:
I authorize / We authorize (A) the payee (name see above) to collect payments from my / our account by direct debit. At the same time (B) I / we instruct my / our bank to cash in the direct debits drawn by the payee (name see above) on my / our account.

Note: I can / we can demand reimbursement of the amount debited within eight weeks, starting from the date of debiting. The conditions agreed with my / our bank apply.

method of payment: () annual payment () one time payment

name of payer (account holder):

street and street number:

postal code and town:

IBAN of the payer:

BIC of the payer:

Town: _____ date: _____

signature of the payer (account holder):

before the first collection of a SEPA direct debit, me/us the creditor will

(name see above) about the entry in this type of procedure.

