

# APPLICATION FORM FASTOFFERING

This form should be used to request help from the fastoffering fund, and can only be submitted after an interview with the Branch President.

## Personal information:\*

Name: .....

Address: .....

Postal code: ..... Place: .....

E-mail address: .....

## Information of Organization:\*

Name: .....

Address: .....

Postal code: ..... Place: .....

BIC/SWIFT code: ..... IBAN Account nr.: .....

In name of: .....

Payment ref.: .....

|       |           |
|-------|-----------|
| Date: | Signature |
|-------|-----------|

## AMOUNTS TO DECLARE\*

| Name Organization/Company | Description: | Amount in € |
|---------------------------|--------------|-------------|
|                           |              |             |
|                           |              |             |
|                           |              |             |
|                           |              |             |
| <b>Total in Euro's</b>    |              |             |

This form needs to be filled in completely and **supplied with the original bills and/or receipts (attached to the right backside of form)**. You must also sign this form (right top signature) and the signature of the **Branch President** needs to be placed. Use only one form per Organization. Hand the form over to the Branch Clerk

|                        |  |                 |                    |
|------------------------|--|-----------------|--------------------|
| Approval Branch Pres.: | <b>Not to be filled in, reserved for administration.</b> |                 |                    |
|                        | Received (date):   | Fund/Category:  | Membership number: |
|                        | Date entered in MLS                                      | Clerk signature |                    |