

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 € |
|---------------------------|--------------|-------------|
| | | |
| | | |
| | | |
| Total in Euro's* | | |

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.: | Not to be filled in, reserved for administration. | | |
| | Received (date): | Fund/Category: | Membership number: |
| | Date entered in MLS | Clerk signature | |