



www.unquendor.nl

Name: **Tolkiën Genootschap Unquendor**Address: **Kwikstaartlaan 35**Zip code: **2261 EN**Country: **the Netherlands**

Reference: \_\_\_\_\_

Type of payment: **Recurrent**Reason for payment: **Annual membership fee**Town: **LEIDSCHENDAM**Creditor Identifier: **NL48ZZ404468140000**

(To be filled in by Unquendor)

By signing this mandate form you authorise (A) Tolkiën Genootschap Unquendor to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Tolkiën Genootschap Unquendor.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within eight weeks starting from the date on which your account was debited.

Please complete all the fields marked \*.

Name:\* \_\_\_\_\_

Address:\* \_\_\_\_\_

Zip code:\* \_\_\_\_\_ Town: \_\_\_\_\_

E-mail address:\* \_\_\_\_\_ (\*) Country: \_\_\_\_\_

IBAN-code:\* \_\_\_\_\_

BIC-code:\* \_\_\_\_\_

Place and Date:\* \_\_\_\_\_

Signature:\* \_\_\_\_\_

(\*) I give permission to inform me via this e-mail address about an upcoming direct debit.

**Note:** Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.