



IndiAlumni

DAAD IndiAlumni Netzwerk e.V.



Want to become a member? No problem! Just fill in the form and send it back (by post)! If you have any questions, please contact us at kontakt@indialumni.de

DAAD IndiAlumni Netzwerk e. V.
Jasmin Minzapost
Konrad-Wolf-Str.120
13055 Berlin

DECLARATION OF MEMBERSHIP

YES, I want to become a member of the DAAD IndiAlumni Netzwerk e. V. and join:

Name, Surname:.....

Street, No:

Zip Code, City:

D.O.B: Profession (optional):.....

Stay(s) in India/Germany - when, where, why (optional):

.....
.....

Period of DAAD funding (mm/yyyy - mm/yyyy):

Phone No.: E-Mail:

Minimum annual membership fee (12 Euro)

OR

Annual Membership contribution Euro

Date: Signature:

Please also note the direct debit authorisation/SEPA Direct Debit Mandate on the next page.



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MANDAT AUTHORISATION

to grant a direct debit authorization and a SEPA Direct Debit Mandate

Creditor: DAAD IndiAlumni Netzwerk e. V. Jasmin Minzapost Konrad-Wold-Str. 120 13055 Berlin	Creditor- Identification number: DE33ZZZ00001588235	Mandate Reference: <i>[to be registered by IndiAlumni association]</i>
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1. Direct Debit Authorization

I authorise the association "DAAD IndiAlumni Netzwerk e.V." to debit my account for the payments I have to pay when due.

2. SEPA Direct Debit Mandate

I authorize the association "DAAD IndiAlumni Netzwerk e.V." to collect payments from my account by direct debit. At the same time, I instruct my bank to cash the direct debits drawn into my account by the association "DAAD IndiAlumni Netzwerk e.V."

Please note: I can request a refund of the debited amount within eight weeks of the debit date. The conditions agreed with my bank apply. Our association is recognized as a non-profit organization.

Register of association: VR 22305, AG Hamburg, AktZ.: 17/411/03326, Finanzamt Hamburg-Nord v. 03.12.2014.

Surname, Name of account holder:

Street, No.:

Zip code, City:

Credit institution of the payer (name and BIC):

IBAN:.....

Date: Unterschrift:

FOR THE ASSOCIATION:

The proposal was accepted by the board:

Date: Signature:

The new member has been informed:

Date: Signature: