

Dear new benefactor of S.A. LIFE,

We sincerely thank you for your interest in Study Association LIFE and your generous support, which helps ensure the continued existence and success of our association.

As a benefactor, you also have the option to receive the Almanac, our annual yearbook. Please complete the form below to provide your details, indicate whether you would like to receive the yearbook, and specify the amount you wish to donate annually to S.A. LIFE.

- Yes, I would like to become a benefactor of LIFE and hereby I authorize, until further notice, Study Association LIFE (founded September 9<sup>th</sup> 1999) to write off yearly an amount of € \_\_\_\_\_ (the minimum is €25,- , twenty-five euro).
  
- Yes, I would like to become a benefactor of LIFE and would like to receive the yearbook. I hereby authorize, until further notice, Study Association LIFE (founded September 9<sup>th</sup> 1999) to write off yearly an amount of € \_\_\_\_\_ (the minimum is €45,- , forty-five euro).

Authorization form for recurrent SEPA Direct Debit  
Machtigingsformulier voor doorlopende SEPA incasso

Collector details

Name: *Studievereniging LIFE*  
Address: *Van der Maasweg 9*  
Postal code and city: *2629 HZ Delft, Netherlands*  
Collector ID: *NL27ZZZ271860830000*  
Mandate Reference\*:

By signing this form you authorize *Studievereniging LIFE* to continuously send direct debits to your bank to deduct the previously indicated amount from your account and you authorize your bank to continuously debit the previously indicated amount from your account as mandated by *Studievereniging LIFE*.

Required contact details

Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Bank account details

IBAN: \_\_\_\_\_  
BIC: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ City: \_\_\_\_\_

Please be aware that every year the indicated amount will be collected in May. We would like to remind you that you have the right to cancel LIFE's authorization within 8 weeks after the bank's statement. Please return the filled out form to S.A. LIFE, [quaestor@svlife.nl](mailto:quaestor@svlife.nl).

Thank you very much and good luck in your future career!

Kind regards,

Study Association LIFE

\* Will be filled out when this form is returned to S.A. LIFE