SEPA
Mandate for single collection

Name	: Stichting Zuyd Hogeschool		
Address	: Nieuw Eyckholt 300		
Postal code	: 6419 DJ	**City**	: Heerlen
Country	: Nederland	**Creditor Identifier**	: NL36ZZZ140609950000

Reason for payment: **Symposium Choreographies of Change 15-10-2016**

Amount: **€ 75,00 (Full participation)**

A. Mandate *(please fill in the details of the party paying)*

By signing this mandate form, you authorise Stichting Zuyd Hogeschool to send a single collection instruction to your bank to debit your account and you authorise your bank to debit your account once in accordance with the instructions from Stichting Zuyd Hogeschool.

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 8 weeks starting from the date on which your account was debited. Ask your bank for the conditions.

Name : _____

Address : _____

Postal code : _____ **City:** _____

Country : _____

IBAN : _____

Identification Code [BIC]* : _____

*Not a mandatory field for Dutch IBAN.
The party paying must also sign at "B".

B. Signature

Sign here to confirm that you have filled in the above details in full and correctly.
If you are younger than 18 on 1 September 2016 (i.e. if you were born on 2 September 1998 or later) one of your parents or your guardian must also sign.

I hereby declare that I have filled in this form completely and truthfully.

_____	_____	_____
City and date	Signature of student/account holder	Signature of parent or guardian

Please return to:
Zuyd Hogeschool
KenVaK
Attn. Mrs. B. Nieuwenhuizen
Nieuw Eyckholt 300
6419 DJ HEERLEN