

Application Form for Permanent Debit Order

I, the undersigned:.....

Address:.....

Post code: Place:.....

Holder of account no. _____ - _____ - _____,

hereby order my bank to transfer, every
month/quarter, an amount of:

(check the amount)

- 10 /
- 30 /
- 45 /
- /

from my account to the account number
733-1000100-60 in the name of

Artsen Zonder Vakantie

16 Rode Kruisplein
2800 Mechelen