

Förderverein für das Kinder-Hospiz Sternenbrücke e. V. – Accounts department – Sandmoorweg 62 22559 Hamburg Germany

Please complete and sign the original and return it *by post* – only then will we be able to debit your account!

## **Declaration of membership**

## I would like to become a member of the friends' association of Kinder-Hospiz Sternenbrücke e.V. and grant the SEPA direct debit mandate.

Creditor ID: DE51ZZZ0 0000 9765 20

The mandate reference number will be furnished at a later date. It will be allocated by the friends' association of Kinder-Hospiz Sternenbrücke e.V.

I authorise the friends' association of Kinder-Hospiz Sternenbrücke e.V. to collect payment from my account by direct debit. At the same time I instruct my bank to honour the direct debit(s) of Kinder-Hospiz Sternenbrücke e.V.

Company																			
First name							Name												
Street, house number						I	Post code, place						Country						
Telephone number (optional)					Em	Email address (optional)													
Bank																			
IBAN							BIC												
Amount				Euros a	annual	l cont	ributi	on (th	e anr	iual m	inimu	m an	ount	is 30	0,00	Euros	s per	perso	n)
I will pay the a	bove an	nual me	mbers	hip fee	in the	e follo	wing	instalı	ment	s:									
quarterly	quarterly six-monthly annually (once immediately/payment will be collected on 15 January in each subsequent year													ent year)					
I am entitled to	request	the am	ount pa	aid to b	e refu	nded	withir	n eight	t wee	ks stai	rting f	rom t	he da	te of	f deb	iting.	The	terms	

agreed with my bank apply.

## Date, place, signature/company stamp

With my signature I agree that as, part of the membership, data may be collected, used and stored which are needed for further processing. All personal data are stored for as long as the purpose for their storage still exists or to comply with statutory deadlines. This consent can be revoked at any time. In accordance with applicable legal regulations I have the right to access free of charge and at any time information about my personal data stored, their origin and recipients and the purpose of the data processing and, where applicable, the right to the correction, blocking or deletion of the data. If you have further questions about personal data, you may contact the governing board of the friends' association of Kinder-Hospiz Sternenbrücke e.V. at any time. In the event of a breach of data protection regulations you have the right to file a complaint with the competent supervisory authority. The competent data protection supervisory authority is the state data protection officer in Hamburg.