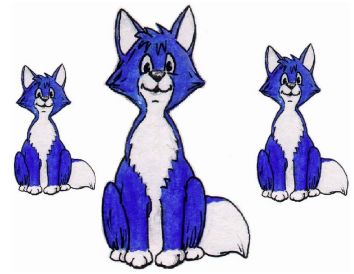


# Kleine Füchse e.V.

## Enrolment Form



I hereby declare that I wish to become a member of the **Kleine Füchse e.V.** as a member:

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Street: \_\_\_\_\_

Post code /Town: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
home work

Tel.: \_\_\_\_\_  
home work

Handy: \_\_\_\_\_  
home work

Forschungszentrum Jülich - Institute: \_\_\_\_\_

I undertake to pay an annual subscription of: \_\_\_\_\_ €  
(at least 18,41 € / due on 1 January each year and upon joining)

Date of joining: \_\_\_\_\_

Child`s name: \_\_\_\_\_  
(only if your child applies for a place at the day-care centre 'Kleine Füchse')

The association **Kleine Füchse e. V.** withdraws all payments to be made by the members (membership fee, parent subscription and, if required, money for lunch) by SEPA Direct Debit Mandate. Please fullfill the form on page 2.

**Declaration:** I consent to the personal data given on my enrolment form and SEPA form being stored in an electronic form and being processed exclusively for the purposes of the **Kleine Füchse e.V.**

Jülich, \_\_\_\_\_  
date signature

Please send back to: Kindertagesstätte **Kleine Füchse e.V.**  
c/o Forschungszentrum Jülich GmbH

## SEPA Direct Debit Mandate

Creditor name and address

**Verein Kleine Füchse e.V.**  
**Seestr. 60**  
  
**52428 Jülich**

Creditor identifier:

Mandate reference: *(to be completed by the creditor)***DE15ZZZ00000780840**

## SEPA Direct Debit Mandate

By signing this mandate form, you authorize the creditor **Verein Kleine Füchse e.V.** to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the creditor **Verein Kleine Füchse e.V.**.

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.

Type of payment:

- Elternbeitrag** (gem. Ziffer 1b des Betreuungsvertrags) - **recurrent payment**
- Essensgeld** (gem. Ziffer 2 des Betreuungsvertrags) - **recurrent payment**
- Membership fee** - **recurrent payment**
- \_\_\_\_\_ - **one-off payment**

Debtor name (family name, first name)

Street name and number

Postal code and city

Name of the financial institution

BIC (8 or 11 characters)

----- | -----

IBAN (max. 22 characters)

**DE** \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_

Location, Date

Signature(s)