Avocats Sans Frontières

RECURRING PAYMENT ORDER

Print, complete, and submit to your bank

Surname:

First name:

Address:

Postal Code:

Town or City: Country:

The holder of account number nr.:

Hereby orders my bank to deposit monthly the amount of:

☐ 10 Euros ☐ 20 Euros ☐ 30 Euros ☐ 40 Euros

☐ ..... Euros (other amount)

To the account of Avocats Sans Frontières, rue de Namur 72 Naamsestraat, 1000 Brussels, Belgium: IBAN: BE89 6300 2274 9185 - BIC: BBRUBEBB
With the notation "Donation".

Commencing on ...../...../.....

Date

Signature

Rue de Namur 72 Naamsestraat - 1000 Brussels - Belgium - Tel: +32 2 223 36 54 - Fax: +32 2 223 36 14 - info@asf.be