



MANDATE FOR RECURRENT COLLECTIONS

Training for Life foundation wants to contribute to improvement of survival chances of mothers and children at birth. This is achieved through training programs for nurses, midwives, obstetricians, pediatricians, anesthetists and residents.

By signing this mandate form, you authorize Training for Life foundation to send recurrent collection instructions to your bank to debit your account on a recurrent basis in accordance with the instruction from Training for Life foundation.

YES I WANT TO CONTRIBUTE TO TRAINING FOR LIFE FOUNDATION

I hereby authorize Training for Life foundation to monthly collect the follow amount from my bank account:

- ☐ € 5,00
- ☐ € 10,00
- ☐ € 15,00
- ☐ other, namely € _____

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.

Creditor information

Name: _____

Address: _____

Postal code: _____

City: _____

Country: _____

IBAN account number: _____

Signing by creditor

Name: _____

Date: _____

Place: _____ Signature: _____

Thank you for your donation! We kindly request you to send the filled and signed form by post or as scanned document by e-mail to Training for Life foundation.

RETRACTION FORM FOR RECURRENT COLLECTIONS

Training for Life foundation wants to contribute to improvement of survival chances of mothers and children at birth. This is achieved through training programs for nurses, midwives, obstetricians, pediatricians, anesthetists and residents.

RETRACTION OF MY AUTHORIZATION TO TRAINING FOR LIFE FOUNDATION

I hereby withdraw the authorization granted to Training for Life foundation for the monthly recurrent collection to debet my account.

Creditor information

Name: _____

Address: _____

Postal code: _____

City: _____

Country: _____

IBAN account number: _____

Signing by creditor

Name: _____

Date: _____

Place: _____ Signature: _____

Thank you for your previous donation! We kindly request you to send the filled and signed form by post or as scanned document by e-mail to Training for Life foundation.