Recurring Collection Mandate Individuals





**Name:** Stichting Tara Bodong (Netherlands)

**Address:** Hyacintenlaan 53A

**Postcode:** 1215 BB **Place:** Hilversum

**Country:** The Netherlands

**Creditor ID:** NL73ZZZ521650430000

**Mandate Ref:**Date/Name/DoB

By signing this form, you authorise **Stichting Tara Bodong (Netherlands)** to send recurring collection instructions to your bank to debit your account for **a donation to support Stichting Tara Bodong,** in accordance with the amount stated below**.** If you do not agree with the debit, you can arrange for its refund. Please contact your bank within eight weeks from the date on which your account was debited. Ask your bank for conditions.

**Name:…………………………………………………………….…….………………………………………………**

**Address:...……………………………………………………………………………………………………………**

**Postcode:…………………………………… City:……….…….……………………………………………**

**Country….:…………………………………………………………………………………………………………...**

**Account number (IBAN):.………………….………….....................................................................................**

**Amount to be debited (EURO):…………………..  (choose one) monthly/ every 6 months/ annually**

**Place and date:…………………………………………      Signature:……………………………………….**

***Please submit form to:***

Stichting Tara Bodong (Netherlands) | Hyacintenlaan 53A, 1215 BB, Hilversum | The Netherlands

info@tarabodong.org | www.tarabodong.org