



SUBSCRIPTION FORM

Name creditor:	Stichting Shilin		
Address creditor:	Arsenaalstraat 1		
Postal code creditor:	2311 CT	Place of residence creditor:	Leiden
Place of residence creditor:	The Netherlands		
Country creditor:	NL44ZZZ506810010000		
Mandate reference			

By signing this mandate form, you authorise *Stichting Shilin* to send recurrent collection instructions to your bank to debit your account for *yearly membership fee of €10* and your bank to debit your account on a recurrent basis in accordance with the instructions from *Stichting Shilin*. 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 the conditions.

Name:	
Address:	
Postal code:	
Place of residence:	
Country:	
Telephone number:	
E-mail:	
Account number (IBAN)	
Bank Identification code (BIC) *	

*Not an obligatory field for Dutch accountnumber

Place and date:

Signature

For unsubscribing your Stichting Shilin membership, please send an email to editor@shilin.nl.
Please unsubscribe before the 31th of December to avoid being billed for the upcoming year.