

Gesundheit und Dritte Welt e.V.  
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**BUKO**  
Pharma-Kampagne

## I Wish to Become a Sustaining Member

### SEPA Direct Debit Mandate

By signing this mandate form I authorise a) Gesundheit und Dritte Welt e.V., August-Bebel-Str. 62, 33602 Bielefeld (Identifier of the creditor: DE56ZZZ00000021853) to send instructions to my bank to debit my account and b) my bank to debit my account in accordance with the instructions from Gesundheit und Dritte Welt e.V.

I will get my mandate reference together with my prenotification in due time.

### I wish to become sustaining member of the Gesundheit und Dritte Welt e.V.

I will receive the periodical Pharma-Brief without further costs. My contribution receipt will be sent to me on a yearly base.

From the month of \_\_\_\_\_ 20\_\_ on I will contribute \_\_\_\_\_ Euro per

month     quarter     half-year     year.

The minimal contribution amounts to 66 Euro per year for employed persons and to 36 Euro per year for anybody else.

\_\_\_\_\_ | \_\_\_\_\_  
Bank name and BIC

\_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_  
IBAN

As part of my rights, I am entitled to a refund from my bank under the terms and conditions of my agreement with my bank. A refund must be claimed within 8 weeks starting from the date on which my account was debited.

\_\_\_\_\_  
Name of the account holder

\_\_\_\_\_  
Street name and number

\_\_\_\_\_  
Postal code, town and country

\_\_\_\_\_  
Date, location, signature of the account holder

My data will be used for internal applications only and will not be made available to third parties.

**Please fill in this form and send it back complete with date and signature**