

# ACLVB/CGSLB | LIBERAL TRADE UNION REGISTRATION FORM

To be filled out by ACLVB/CGSLB: region

office

## General information (please only capital letters)

surname

first name

street

number

PO box

postal code

city/town

national register number (check ID card)

gender  female  male

date of birth

nationality

language  Dutch  French

civil status

name partner

IBAN

BIC

phone number

mobile phone number

email address (personal)

email address (professional)

## Professional information

name of employer

interim at

address

employed since

company registration no

joint committee

company's business sector

full-time  yes  no If no, I work ..... hours/week

full-time working arrangement is ..... hours/week

blue-collar worker  white-collar worker  executive  additional benefits (assets, guaranteed income, ...)

full unemployment  pre-retired (unemployment with company supplement)  student  other: .....

## Affiliation details

I want to join ACLVB/CGSLB in the area where I  live  work

date of affiliation

Previously, I was a member of  ACV  ABVV  new member

I had been a member from

until

member's signature

By signing this document, you hereby explicitly consent to the ACLVB/CGSLB consulting and processing your national register number for the purpose of providing its services.

Your personal data will be stored and processed by the ACLVB/CGSLB in an automated manner for the purpose of providing our services only. In compliance with the Privacy Protection Act, you have the right to access or edit these data. For more information, please visit our website where you'll find our privacy statement.



# SEPA EUROPEAN DIRECT DEBIT MANDATE

Recurring recovery (Business to customer)

## Account holder details (to be completed by debtor)

surname first name

street number PO box postal code city/town

Bank Account Number (IBAN)

Bank Identifier Code (BIC)

name member (in case the account holder is NOT a member)

drawn up at (location) date

signature

I, being the undersigned, declare:

- to be account holder or authorised signatory of the above account;
- to consent to ACLVB/CGSLB issuing instructions to my bank to debit an amount from my bank account;
- to consent to my bank debiting my bank account in conformity with ACLVB/CGSLB's instructions;
- to consent to ACLVB/CGSLB's proposal to proceed with the execution of any domiciled payment without a notification time period;
- to consent to ACLVB/CGSLB's proposal that the monthly direct debit payment can be adapted with immediate effect based on the member's then-known statute at ACLVB/CGSLB and this in accordance with the contribution regulations;
- to consent to ACLVB/CGSLB's proposal that in case of payment delays, the delay can be collected by a temporary increase of the domiciled payments in the amount of the outstanding balance with a maximum of € 50 per month;
- to consent to ACLVB/CGSLB's proposal that in the event of a surplus amounting to an amount that is less than a monthly payment, this will be deducted from the monthly payment;
- to consent to the registration and processing of my personal data by ACLVB/CGSLB FV, with its officially registered office at Koning Albertlaan 95 in 9000 Ghent, being the party responsible for the processing. These personal data will be processed exclusively for the purpose of executing payment services relating to the member's fee for which the mandate is granted, which includes the prevention of abuse and fraud. For the right to access and the right to correct incorrect data, a request should be addressed to the above address.

By signing this mandate, you allow ACLVB/CGSLB to issue instructions to your bank to debit your bank account and allow your bank to debit your account according to ACLVB/CGSLB's directions. You are entitled to reimbursement from your bank according to the conditions detailed in the agreement you have signed with that bank. Any reimbursement request must be submitted within the 8 weeks following the date of the debiting of your account. Your bank can inform you of your rights under your mandate.

## Creditor details

name: **ACLVB/CGSLB**

creditor identification: **BE66 007 0850330011**

address: **Koning Albertlaan 95, 9000 Gent, België**

## For use by ACLVB/CGSLB only

reason for direct debit: **membership fee for membership number**

.....

mandate number

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Please return this form to your ACLVB/CGSLB office. If the direct debit is to be discontinued, the debt mandator (ACLVB/CGSLB) must be notified.

