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| MEMBERSHIP | APPLICATIO | DN FORM |
|------------|------------|----------------|
| | | |

| (to be completed by LCGB) | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|
| | | | | | | | |

| PLEASE | FILL IN | THE | FORM | IN | CAPIT | ALS |
|--------|----------------|-----|------|----|-------|-----|
|--------|----------------|-----|------|----|-------|-----|

| I, the undersigned: | | | | | | |
|--|--|-----------------------------|-----------|----------------------|-------------|--------|
| Surname: | | | | | | |
| First Name: | | | | | | |
| Street: | | | | | Nr.: | |
| Zip Code: | Cit | y: | | | Country: | |
| Date of Birth: | /DAY | /MONTH | /YEAR | Social Security Exte | ension: | |
| Place of Birth: | | | | Nationality: | | |
| Private Phone: | | | | Private E-mail: | | |
| Employer's Name: | | | | | | |
| Address: (Street / ZIP Code / | / City) | | | | | |
| | | | | | | |
| Additional | Status | | | | Recruiter | |
| Membership | Employee - | manuel activities | Stu | ıdent | Surname: | |
| csc | Employee - | admin. and tech. activities | Ар | prentice | First Name: | |
| (only for belgian | Public office | r | Re | tiree | LCGB-Nr.: | |
| crossborder commuters) | Unemploye | d | | | Employer: | |
| | | | | | | |
| Code BIC/SWIFT: | | | | | | |
| IBAN: | | | | | | |
| | | | | | | |
| Recurring domici | iliation: | monthly | | semest | ral | annual |
| Mandate Core Sep | a Direct De | bit | | | | |
| (with a reduced STARTER monthly contribution of 14,60 € / month for the 1 st membership year) | | | | | | |
| | | | | | | |
| By signing the form of the SDD-CORE mandate, you authorise the LCGB to send instructions to your bank necessary to charge your account and your bank to charge your account conforming to LCGB instructions. | | | | | | |
| You benefit from a right of reimbursement by your bank. An application for reimbursement has to be made: - within 8 weeks of the date of bank debit entry; - within 13 months of the date of bank debit entry for a non-authorised charge. | | | | | | |
| Creditor | LCGB / 11, rue du Commerce / L-1351 LUXEMBOURG | | | | | |
| Creditor Identifier | | LU47ZZZ0000000 | 086990010 | 01 | | |
| I declare to be fully aware of the LCGB statutes, understanding its contents and accepting the contained rules and regulations. | | | | | | |

Your signature affixed below authorises the LCGB and the LUXMILL Mutuelle to process your personal data in accordance with applicable laws and regulations governing the protection of personal data (as of May 25th 2018, the EU-Regulation 2016/679 dated April 27th, 2016, on the protection of individuals with regards to the processing of personal data and the free movement of such data). More information on the processing of personal data can be found via the terms and conditions published on www.lcgb.lu.

| Signed (Place) | Date | | Signature | |
|----------------|------|--|-----------|--|
|----------------|------|--|-----------|--|

