

MEMBERSHIP APPLICATION FORM

(to be completed by LCGB)

PLEASE FILL IN THE FORM IN CAPITALS

I, the undersigned:

Surname:

First Name:

Street:

Nr.:

Zip Code:

City:

Country:

Date of Birth:

/DAY

/MONTH

/YEAR

Social security extension:

Place of Birth:

Nationality:

Private phone:

Private e-mail:

Employer's Name:

Address: (Street / ZIP Code / City)

Additional membership	Status	Recruiter
CSC <small>(only for belgian crossborder commuters)</small>	Employee - manuel activities Employee - admin. and tech. activities Public officer Unemployed	Student Apprentice Retiree
		Surname: First Name: LCGB-Nr.: Employer:

Mandate Core Sepa Direct Debit

Code BIC/SWIFT:

IBAN:

Recurring domiciliation:

monthly

semestral

annual

By signing the form of the SDD-CORE mandate, you authorise the LCGB-SESF to send instructions to your bank necessary to charge your account and your bank to charge your account conforming to LCGB-SESF 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-authorized charge.

Creditor

LCGB-SESF / 11, rue du Commerce / L-1351 LUXEMBOURG

Creditor Identifier

LU77ZZZ0000000008699001007

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.lrgb.lu.

Signed (Place) Date Signature

