

## Application for SEPAWA<sup>®</sup> e.V. Membership

I / we hereby apply for SEPAWA<sup>®</sup> e.V. (Soap, Perfume, and Detergent Experts Association e.V.) membership.

- Individual Membership (Person)** for the annual fee of **30,- €**  
 **Corporate Membership (Company)** for the annual fee of **250,- €**

Please fill out in BLOCK LETTERS

Surname ..... First Name ..... Title .....  
 Date of Birth ..... Nationality .....  
 Profession ..... Function .....

### Private Address

Street, House-No. / P.O. Box ..... Tel. (incl. National and Local Code) .....  
 Country, Postal Code, City ..... E-Mail .....

### Company Address

Company Name ..... VAT Number .....  
 Street, House-No. / P.O. Box ..... Tel. (incl. National and Local Code) .....  
 Country, Postal Code, City ..... E-Mail .....

Please **Invoice** me with my  Private Address  Company Address

Membership dues are to be paid to the SEPAWA<sup>®</sup> e.V. account mentioned below.  
 Membership is subject to all statutes of the SEPAWA<sup>®</sup> e.V. For more information: [www.sepawa.com](http://www.sepawa.com)

Requested Entry Date ..... Date ..... Signature or Company Stamp .....

<b>SEPAWA e.V. Geschäftsstelle</b> Dorfstrasse 40 (Alte Schule Burg) D-86470 Thannhausen, Germany Tel.: +49 (0)8281 79940-24 (Fax: -50) E-Mail: <a href="mailto:geschaefsstelle@sepawa.de">geschaefsstelle@sepawa.de</a>	<b>Deutsche Bank Augsburg</b> <b>Bank Routing No.: 720 700 24</b> <b>Account No.: 030 055 800</b> IBAN: DE 76 7207 0024 0030 0558 00 SWIFT-BIC: DEUTDEDB720	VAT Number: DE 196 487 243 Tax Number: 151/111/51048 Finanzamt Günzburg
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### SEPA Direct Debit Mandate

- By signing this mandate form, you authorise SEPAWA<sup>®</sup> e.V. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from SEPAWA<sup>®</sup> e.V.  
 As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Bank Name ..... BIC .....  
 Surname, First Name / Company ..... IBAN .....  
 Date ..... Signature or Company Stamp .....