

MACHTIGING SAFE-ROADS EUROAFRIQUE DEVELOPMENT

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By signing this written and mutual agreement form, and as per terms written and agreed on the same, you authorize your bank to pay Stichting SAFE-ROADS EUROAFRIQUE DEVELOPMENT of:

Rekeningnummer: NL96INGB0531243818

Ten name van: M.E.M Quirijnen Balksterveste 6, 3432AB Nieuwegein The Netherlands
BSN: 114472269 Phonenumber:+31625274165 Email: 4Quirie@gmail.com

Door ondertekening van dit schriftelijke en wederzijdse overeenkomstformulier en volgens de geschreven en overeengekomen voorwaarden, machtigt u uw bank om te betalen aan

Stichting SAFE ROADS EURO AFRIQUE DEVELOPMENT:

Rekeningnummer: NL96INGB0531243818

Ten name van: M.E.M. Quirijnen Balksterveste 6, 3432AB Nieuwegein Nederland
BSN:114472269 Telefoonnr: 0625274165 Email:4Quirie@gmail.com

Van deze volmacht mag gebruik worden gemaakt in de volgende periode / This power of attorney may be used in the following period:-

The first day on which the power of attorney may be used / de eerste dag waarop de volmacht gebruikt mag worden is: date/datum:...../...../2023.....

The last day on which the power of attorney may be use/ de laatste dag waarop de volmacht gebruikt mag worden is: date/datum:...../...../20.....

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AUTHORITY:

Hereby grant payment to:- referred to as 'sponsored party,' or 'beneficiary.'

Name / Name

Address /Adres

Post Box-Code / Post (-bus)Code.....

Place / Plaats

Bank Name.....

Bank Branch/ Bank plaats

Account ID No

IBAN No

BIC No.....

Reason for payment / Reden betaling

First names/ voornamen:.....

Last name/achternaam:.....

Date of birth/geboortedatum:/...../.....

Birthplace/ geboorteplaats:

Home address:

Passport / ID No:.....

Place of Issue/ plaats van afgifte.....

Date Of Issue /datum van afgifte...../...../.....

Date of Expiry/ vervaldatum:/...../.....

E-mail:

Phone number/telefoonnummer:.....

ACCEPTANCE:

SPONSORSHIP PAYMENT & COLLABORATION

- The Sponsor shall support the Organization by making sponsoring cost per student and trainer, administration, logistics , etc,

totaling to EURO: _____ **MONTHLY BASE (best way!)**

- The Sponsor shall support the Organization by making sponsoring cost per student and trainer, administration, logistics etc.

totaling to EURO: _____ **YEARLY BASE**

- For the period of collaboration, the Sponsor may identify itself as a corporate sponsor. The sponsor may want included in any press releases or news letter statements regarding the Sponsor's being a corporate sponsor and in any information regarding the same.

Sponsorship Agreement:

Dated ____/____/2023

Expiring Date ____/____/ 202__

SIGNATURE sponsor party, beneficiary :

SIGNATURE SafeRoads: