



Nepalmed e.V.
 Straße des Friedens 27, D - 04668 Grimma, Germany
 Phone + 49 3437 910329, Fax + 49 3437 910160
 Volks- und Raiffeisenbank Muldenal eG
 IBAN DE67860954845000166776, BIC GENODEF1GMV
 e-mail: info@nepalmed.de
 Internet: www.nepalmed.de

Specific support Ambulance Service at Kirtipur Hospital

Filled in form to:
 consisting of page 1 and 2 according to data protection,
 it is mandatory to fill in both sides

Address
 Last Name, First Name

Nepalmed e.V.
 Straße des Friedens 27
 04668 Grimma

Address

Zip Code / City

E-Mail

Phone

I / We support the projects of



Start date: _____ with a donation of: _____ EUR

Method of payment:

once monthly ¼ yearly ½ yearly yearly

Creditor-Identification: DE78ZZZ00000751673

Mandat reference will be assigned

I / We authorize Nepalmed e. V. to debit payments from my / our account by SEPA direct debit. At the same time, I / we authorize my / our credit institute, the direct debts inscribed by Nepalmed e. V. on my / our account to be drawn. Note: I / We can demand the reimbursement of the debited contribution within 8 weeks, beginning with the debit date. The terms and conditions agreed with my / our credit institution shall apply.

BIC:

IBAN:

 Name account owner

 Name credit institution

 Date, signature account owner



Nepalmed e.V.
Straße des Friedens 27, D - 04668 Grimma, Germany
Phone + 49 3437 910329, Fax + 49 3437 910160
Volks- und Raiffeisenbank Muldentale eG
IBAN DE67860954845000166776, BIC GENODEF1GMV
e-mail: info@nepalmed.de
Internet: www.nepalmed.de

Specific support Ambulance Service at Kirtipur Hospital

Consent according to data protection

The personal data stated in the form, in particular name, address, telephone number, bank data, which are necessary and required solely for the purpose of carrying out the resulting membership, are collected on the basis of legal authorizations.

For any further use of personal data and the collection of additional information, the consent of the data subject is regularly required. You can give such consent **voluntarily** in the following section.

Consent to the use of data for further purposes

If you agree to the following purposes of use, please tick them accordingly. If you do not wish to give your consent, please leave these fields blank.

- I agree that Nepalmed e.V. sends me information about the work of Nepalmed e.V. by post.
- I agree that Nepalmed e.V. sends me information about the work of Nepalmed e.V. by e-mail/telephone/fax/SMS*.

place, date: _____

Signature of the person concerned: _____

Rights of the person concerned: Information, correction, deletion and blocking, right of objection

According to § 15 DSGVO you are entitled at any time to ask Nepalmed e.V. for comprehensive **information** about your personal data stored.

According to § 17 DSGVO you can request Nepalmed e.V. to **correct, delete and block** individual personal data at any time.

You can also make use of your **right of objection** at any time without stating reasons and change or completely revoke the declaration of consent with effect for the future. You can send the revocation to Nepalmed e.V. either by post, e-mail or fax. There are no other costs, than the postage costs or the transmission costs according to the existing basic tariffs.