Contact
T +31 26 352 5500
support@sidn.nl
www.sidn.nl

Office
Meander 501
6825 MD Arnhem
The Netherlands

Postal addres
PO Box 5022
6802 EA Arnhem
The Netherlands

Affiliation

I want to become an SIDN affiliate. I've read and agree to the information about affiliation on sidn.nl.

1 Applicant

Name of person or organisation

E-mail address

Phone number

Where applicable

Legal form

Trade Register number

VAT number

2 Contact person

Initials and surname

E-mail address

Phone number

3 Adress(es)

Office address

Postcode

City

Postal address[1]

Postcode

City

1
Complete this section only if the address is different from your registered office address.

Invoice address[2]

Postcode

City

2
Complete this section only if the address is different from your registered office address.

4 Direct debit mandate

By signing this form, I give SIDN continuous permission to obtain payment of sums due from me by means of direct debit. The account is in my name as given above. SIDN will use the Creditor ID NL04ZZZ412157240000 and will quote the affiliate number and invoice number.

Account number (IBAN)

Bank Identification Code *(BIC)*

Account holder

City

Invoice reference[3]

3
Optional
(max. 20 characters)

5 Signature

I confirm that I've completed this form fully and correctly.

Date	
City	
Name	
Signature	

Please attach

- If you're a person
A copy of a valid identity card, passport, driving licence or recent extract from the civil register (no more than six months old)
Where relevant: a document showing that the applicant is authorised to make this application.

- If you're an organisation
Chamber of Commerce Trade Register extract (no more than six months old).

Send the completed form to:
support@sidn.nl