

REQUEST FOR FINANCIAL SUPPORT

- One-time funding (1 payment)
 On-going assistance (several instalments)

Nature of project

Name of project:

Objective:

Place (Town, Country):

Sum requested (EUR):

Project representative in the European Schools of Luxembourg

Name:

First name:

Telephone:

Address e-mail:

Connection to the European Schools:

With which ASF activities have you helped?

The project representative agrees to report on the progress of the project and help with fund raising events organised by Actions without Borders in the European Schools of Luxembourg.

Banking details: complete either box 1 or box 2

1

BIC:
IBAN:
Name of account holder:
Address of account holder:
Communication (reason for payment):

OU

2

For an account in a country that does not use the IBAN system
SWIFT:
Account N°:
Name of account holder:
Address of account holder:
Name and address of bank:
Communication (reason for payment):

Other organisations from whom funding has also been requested:

Date and signature: