Agreement for a recurring donation to Stichting Davidsbündler Academy (recognized as 'algemeen nut beogende instelling' or 'ANBI' for Dutch tax purposes since February 22 2022)

1	Basic information								
1	Name of donor	Ī							
	Name of recipient	Chiabhina Davidahündlar Farradahina							
	·	Stichting Davidsbündler Foundation							
	Amount per year				Currency				
	Amount per year (in letters)								
2	Duration of agreement								
	Duration of agreement	☐ 5 years		□ y∈	ears				
	Year of first donation								
	The agreement to donate will termin	ate at the end of the	stated peri	iod or at any	of these:				
	□ at death of donor □ at death of another, namely □ at loss of employment or permanent disability □ if the recipient loses the ANBI-status								
3.1	Personal details of donor (tax reside	ncy in the Netherlan	ıds)						
	Family name								
	Given names								
	Tax number								
	Date of birth		Place of b	oirth					
	Street								
	Postal code		City						
	Country								
	Telephone number								
	Email address								
	Partner	Yes / No	Yes: proce	eed to section	n 5, No: p	rocee	d to section	on 6	
3.2	Personal details of donor (tax reside	ncy outside the Neth	nerlands)						
5.2	Family name		ieriarias,						
	Given names								
	Street								
	Postal code		City						
	Country								
	Telephone number								
	(incl. country code)								
	Email address								
4	Details of recipient								
	Name	Stichting Davidsbündler Foundation Gerstkamp 131 2592 CR 's-Gravenhage							
	Street								
	Postal code and City								
	Country	Nederland							
	Transaction number (do not fill in, see below)								
	RISN- (fiscal)-number	863676522							

5	Personal data of partner of donor (tax residence in the Netherlands only)				
	Family name				
	Given names				

6	Method of payment
	I transfer the stated amount every year to the bank account with IBAN: NL67 RABO 0189 9911 00 in the name of Stichting
	Davidsbündler Foundation with reference to the transaction number provided by Foundation (see section 4)

7	Signature on behalf of Stichting Davidsbündler Academy (for office use only)				
	Name	Ben de Jong			
	Role Treasurer				
	City	Rotterdam			
	Date				
	Signature				

8	Signature(s) donor				
	City				
	Date				
	Signature of donor		Signature of partner (if relevant)		

Please send the completed form to:

Stichting Davidsbündler Foundation Att. Ben de Jong Mathenesserlaan 221 3021 HA Rotterdam

e-mail: foundation@davidsbundleracademy.com

We will return the agreement to you, including a transaction number and signed on behalf of the Foundation, by e-mail within 3 weeks.