

Application Form

Name: _____

Date of birth: _____ Place & Country _____

Children: _____

Age/Date of birth _____

Place & Country _____

Single / Married: _____

Profession: _____

Address: _____

Zipcode+Place _____

Country: _____

Tel.: _____

E-mail: _____

Date of arrival: _____

Date of departure: _____

Yes, I would like to help with: _____

I need: _____

Suggestions/Remarks: _____

Bank:

Postbank NV

P.O.Box 1800

1000 BV Amsterdam

Accountnumber: 6634

IBAN: NL 48 PSTB 0000 006634

BIC: PSTBNL21

Please, send this as soon as possible to:

Active Refugee Care

Prinses Irenestraat 65 - 1271 XT Huizen - The Netherlands - Tel. (+31)35.5268927 -e-mail: a.r.c@wanadoo.nl

