



SEPA Core Direct Debit Mandate

Mandate Reference: _____ (for official use)

Type of Payment: Recurrent

Creditor Identifier: MT60ZZZ000222002C

Creditor Information: Malta Union of Midwives and Nurses.

Les Lapins Court B, No. 3,
Independence Avenue,
Mosta,
Malta. MST 9022

Tel/Fax: (+356) 2144 8542
Email: administrator@mumn.org

Debtor Information:

Name & Surname: _____ **ID. Number:** _____

House Number/Name: _____

Street Name: _____

City: _____ **Post Code:** _____

Country: _____

IBAN Account Number: _____

SWIFT BIC: _____ (for official use)

By signing this mandate form, you authorize (A) MUMN to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from MUMN.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

PLACE OF MANDATE SIGNED: _____

(Kindly send your application form by post to- MUMN, Les Lapins, Court B, Independence Avenue, Mosta MST 9022)



PARTICULARS INSERT

(Please complete all fields in Capital Letters – where applicable)

NAME:

ADDRESS:
.....
.....

Post Code:

ID No:

GRADE:

HOSPITAL: **WARD:**

TEL: **MOBILE:**

E-MAIL:

FLORENCE NIGHTINGALE BENEVOLENT FUND MEMBERSHIP:
(Kindly tick where applicable)

YES []

NO []





Florence Nightingale MUMN Benevolent Fund
Les Lapins Court B, No 3, Independence Avenue, Mosta.
Tel/Fax: (+356) 21448542 E-mail: fbnf@mumn.org

Dear MUMN member,

Please find details regarding our Florence Nightingale MUMN Benevolent Fund and application form. If you would like to start contributing in this fund, all you need to do is simply fill in the form and send it to the administrator on the above address at your earliest convenience. If on the other hand you do not wish to join, just ignore this letter, however may I remind you of the benefits you will be loosing for a very small nominal fee per year. You can look for further details on our website on the following web link: <http://www.mumn.org/membershipinfo.aspx>

***Application Form
Florence Nightingale MUMN Benevolent Fund***

To Join the Florence Nightingale MUMN Benevolent Fund, you must be a **member of the MUMN**. If you are not a member of the MUMN and wish to join please call on 21448542 for further details or visit our website on: <http://www.mumn.org> .

€28 per year divided on each month contribution towards the fund will be debited from your account on every pay day of each month.

BENEVOLENT FUND FEES

Couple fee €56.00 from one account

Individual fee €28 once annually

- Besides being part of over 1,800 members contributing towards your colleagues in need, you yourself may benefit if the need arises.
- A newsletter per year will be sent to your address with the benevolent fund news plus an updated list of benefits and which conditions are eligible for one to apply.

I the undersigned authorize MUMN to withdraw from my MUMN Direct Debit membership account as contribution towards Florence Nightingale MUMN Benevolent Fund.

ID No: _____ Name of Applicant: _____

Signature: _____

Thanks and regards,

Joseph Aquilina & Claire Mulligan,
Office Administrators, MUMN.