



# Admission Blank - EAK-EWIV

Last name:

First name:

Company address:

Telephone number:

Fax number:

eMail address:

Internet:

Clients:

Attorneys:

Main practice areas:

1.

2.

3.

Careers:

1.

2.

## I'd / We'd like to join the „Europäische Anwaltskooperation EWIV

We authorize EAK Europäische Anwaltskooperation EWIV until further notice for direct debit from our account regarding the annual membership fee. Please debit the following account::

Account no.:

S.W.I.F.T.-Code:

IBAN:

Bank:

**Otherwise: bank transfer to:**

Commerzbank Düsseldorf

Account no. 363 49 53 bank code 300 400 00

IBAN: DE49 3004 0000 0363 4953 00

BIC: COBADEFFXXX

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Company