



MUMN Warner Complex Triq il-Vitorja Qormi.

Email: administrator@mumn.org Tel: (+356) 21448542

**SEPA CORE Direct Debit Mandate**

**Membership Form**

Type of Payment: RECURRANT

Creditor Identifier: \_MT60ZZZ000222002C

MUMN IBAN Number: MT55VALL22013000000017320164017

Sort Code: VALLMTMT

MUMN Branch: Fgura

**Debtor Information:**

Name and Surname: \_\_\_\_\_

Id Card number: \_\_\_\_\_ Mob Number: \_\_\_\_\_

Id Card number of joint membership partner living at same household: \_\_\_\_\_

Home Address: \_\_\_\_\_

Profession: \_\_\_\_\_

Hospital and ward: \_\_\_\_\_ / \_\_\_\_\_ (no abbreviations)

Email address: \_\_\_\_\_ (capital letters)

IBAN number: Not Revolut: \_\_\_\_\_ (31 Digits)

- Single Rate; 70 euros per year
- Couple rate; 130 euros per year
- Undergraduate Student; 15 euros per year

**By signing this mandate form you authorize MUMN.**

- To send instructions to your Bank to debit your account, the amount you indicated above.
- Your bank to debit your account in accordance with the instruction from MUMN.
- If the direct debit is rejected by the bank your MUMN membership is terminated immediately, and a 6 euros administration fee will be charged.
- Kindly send IBAN number if changed prior to your membership card expiry date.

Date : \_\_\_\_\_

Signature: \_\_\_\_\_

Florence Nightingale Benevolent Fund

**Application Form**

**Warner Complex  
MUMN  
Triq il- Vitorja Qormi  
Contact Number: 21448542**



**Email Address: administrator@mumn.org**

Dear MUMN Member,

If you wish to become a member of the Florence Nightingale Benevolent Fund, all you need to do is to fill in the form and send it to the above email address at your earliest convenience. The benefits of joining the fund and how to claim are also attached.

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**Becoming a member**

**To join the FNBF Fund you have to be an MUMN Member. Kindly fill in the application below and send it by post or by email.**

**BENEVOLENT FUND FEES**

**FEE 28 Euros Annually**

**An email is sent to our members to inform you when the fee is going to be deducted.**

**Application form**

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

Name of applicant: \_\_\_\_\_ ID Number: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Contact Number of next of kin: \_\_\_\_\_

Signature:  
\_\_\_\_\_

Date:  
\_\_\_\_\_