

#\ Vo-Vu\ kU

À
ÙUT ÒUP ÒÁÒŠUÒÁÒÁÚËÝ Ò ÒÁ ÆÁMÒV ÒPÁÒÒÁ

I hereby declare that I give consent for the following person to pay the tuition fee for my degree programme at Universiteit Amsterdam:

First name and surname/organisation:

IBAN:

) -u° @b\ 7ouy) -Vu

First name and surname

Student number

Place

Date

Signature

Please hand in the form, completely filled out and signed, at the Student Desk. You can also do this by email by sending the form to studentdesk@vu.nl.