

VielfaltMenü GmbH c/o ISF International School Frankfurt Rhein-Main Verwaltungs-GmbH Straße zur Internationalen Schule 33

65931 Frankfurt

Your contact address: VielfaltMenü GmbH

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REGISTRATION FOR LUNCH SUPPLY WITH ANNUAL REGISTRATION

ISF - International School Frankfurt Rhein-Main Verwaltungs-GmbH

1. FACILITY

Company No: 3192			
Class:			
2. FOOD PARTICIPANT: Name:	First Name:		
Date of Birth: F	Requested supply date::		
3. MEALS FOR:			
☐ permanent-registration from Grade 1	- 12 € 80,00		
4. LEGAL REPRESENTATIVE: (please fill out no	o. 6 if other than legal representative)		
Name: First N	lame: Date of Birth:		
Street/house no.:			
Postal code:	Place:		
Telephone:	E-Mail adress:		
5. MONTHLY INVOICE SETTLEMENT:			
SEPA direct debit under SEPA direct debit author			
, ,	of the European Payments Council (EPC). <u>For this purpose please fill out the</u> to the above servicecenter together with this registration form. Pursuant to SEPA		
•	amount and the date of the debit entry by e-mail as a rule 5 days in advance.		
in time.	x) for the purpose and inform us of any changes to your e-mail address allways		
☐ Billing			
Please send me/us monthly an invoice by E-Mail.			





Name:	First N	Name:	born on:			
Street/house no						
Postal code:	Place	·				
Telephone		E-Mail adress:				
Place/date		Signature of invoice recipient				
The facility named in secti- (hereinafter referred to as indicated there. On the ba	meals provider and accounting co	ompany) for the provision on the control of the con	tMenü GmbH, Lorenzweg 5, 12099 Berlin of the meals identified in section 3) on the days or its legal entity I hereby confirm that a contract n 2.			
prices of the menus on off the licences agreed betwe	er can be gathered before the given the meal providers and/or send on the number of menus taken	ven order is placed from ou vice providers of the one pa	ble meals provider of any shortcomings. The ir information for parents. These prices are fixed art and the facility's legal entity of the other part e facility's legal entity has contracted with the			
8. Order The food order is made in the information for parents		ed variant. The exact order	r and billing modalities and priced can be read ir			
end of a calendar month. refunded. The provision of	being concluded for an indefinite The SEPA-direct debit mandate e meals ends upon the orderly teri	expires upon the settlement mination of the agreement	ated in writing subject to four weeks' notice to the tof accounts. Credit balances, if any, are between the facility and/or the legal entity. As lost school year, if your child does not leave the			
Changes to names, addre	STOMER PARTICULARS sses and banking connections ne osts incurred by delayed reportin		rted to the meal provider in writing along with th stomer.			
A payment shall not be de carefully checked for accu actually taken. Objections	emed to have effectively been ma racy on the basis of the number of to charges billed need to be raise	ade until paid into the meal of meals ordered for the giv ed in writing vis-à-vis the m	tholder unless the meals provider is answerable is provider's account. Meal prices need to be yen accounting period irrespective of the numbe leal provider within 12 weeks of the pertinent nt of accounts shall be deemed to have accepte			
12. DELAY IN PAYME Where the customer is in odamage sustained by it on damage at all has occurre	account of the delay with the ex d. Following a delay in payment (press proviso that the custo failure to pay an invoice by	ning charges by way of compensation for the omer is free to prove that a lesser damage or now the agreed deadline) the meals provider is tof the pertinent facility accordingly.			
13. SPECIAL DIETS	en-free dishes may be applied for					
	ds are submitted or found to be n		registration form. Such entitlement is forfeited if ny extensions of time limits need to be submitted			
data processing takes place information of the user and	the purpose of electronic data proce exclusively for the purpose of t	the fulfillment of the contract	the applicable data protection regulations. The ct, for billing purposes and for the personal third parties, except for the aforementioned			
	ood participant in section 2) for	the food supply with the	written conditions.			
Place/date VielfaltMenü GmbH	Goschäfteführung	Signature of the	e legal representative/contracting partner UStID DE209783710			
Loronzwog OF	Geschäftsführung:	Amtsgericht Berlin-C				

SEPA Direct Debit Mandate valid from:						
Please return to: VielfaltMenü GmbH,	Str. zur Internationalen Sch	ule 33, 65931 Frankfurt	KST: 3192			
Payment recipient:						
Name:	VielfaltMenü	GmbH	NOTE SEPA Direct Debit Mandate is valid only in the original by post!			
Street and number:	Lorenzweg 05	i				
Postal code and city/town:	12099 Berlin					
Creditor Identifier:	DE56ZZZ0000	00089753				
Mandate reference:	will be notified	separately				
Payer (account holder):		Nam	e of meal participant:			
First name(s) and surname:						
Street and number:		Nam	e of the school/facility:			
Postal code and city/town:						
At the same time, I instruct my bar to my bank account. Note: I can demand reimbursement the terms and conditions agreed IBAN of the payer: DE	nk to honour direct debi	ts charged by the af				
BIC (8 or 11 characters):		Name of the bank:				
		Nume of the bunk.				
If different from the account holder issuing this SEPA direct debit mandate, the following information must also be provided:						
Name, first name(s) of the parent	/guardian:					
Street, post code, city/town of the	parent/guardian:					
City/town		Date (DD/MM/YYY	Y):			
Signature(s) of the payer (accord	unt holder):					
		Mandato is only yel	id with city/town, data and signatural			