

APPLICATION FORM

for employees and their immediate family
Employee Foundation of the VKR Group

The Secretariat:

J. no.: _____

Please complete all fields:

Company:

Name of employee:

Birthdate of employee:

Information about the person applying for support (the employee, the employee's child, or wife/husband):

Applicant's name:

**Applicant's address, postal
code and town/city:**

Applicant's e-mail address:

Applicant's birthdate/year:

Applicant's account no.:

SWIFT/BIC code:

IBAN number:

SWIFT/BIC code consists of 8-11 characters: the first 6 are always letters, while the rest is numbers and/or letters in combination

IBAN number consists of up to 34 characters: 2 letters, 2 numbers and no more than 30 numbers and letters in combination

The applicant is an employee ☐

The applicant is ☐ wife/husband to the
employee
☐ child of the employee or
his/her household

The applicant is a retired employee ☐
- If so, please fill in date of retirement

Employment period(s) in the VKR Group (*day, month in letters, year*):

From _____ to _____ in company _____
From _____ to _____ in company _____

Have you previously applied for support? (*Please fill in*)

	Yes	No	Donation:	Rejection:
a) In this case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) In another case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note!

To comply with the EU Personal Data Protection Act, you must sign a **Declaration of Consent** when you apply for support from the Employee Foundation – see the last page.

Please visit our website for more language versions.

**Please submit your application and a signed declaration of consent together with
any documentation to your local Recommendation Committee**

Purpose of support

Please write the amount you apply for and choose one of the three categories below and enclose further description/motivation in your own words and your signed Letter of Consent and any other relevant documentation:

I apply for *(select currency and write the amount)*
for the following purpose:

- 1. Unforeseen, unfortunate circumstances** *(brief description - max. 350 characters):*

- 2. Educational support of children's final education/training** *(enclose further description):*

Education/training:

Place of education/training:

When did you start your education/training? *(month and year):*

When do you expect to complete your education/training? *(month and year):*

- 3. Other purposes, e.g. senior clubs** *(description and motivation - max. 250 characters):*

Date: _____ Signature: _____

**Please submit your application and a signed declaration of consent together with
any other documentation to your local Recommendation Committee!**

To be completed by the Recommendation Committee:

Recommended <input type="checkbox"/>	Approved/rejected on (date): _____
Not recommended <input type="checkbox"/>	
Comments/reason for decision <i>(max. 160 characters):</i>	
_____ Recommended amount: _____ (tax incl., if any)	
_____ Chairman of Recommendation Committee	

Employee Foundation of the VKR Group
Breettevej 18
2970 Hørsholm
Denmark

DECLARATION OF CONSENT

As an employee and/or applicant and/or holder of custody, I hereby accept that the Recommendation Committee and the Employee Foundation's Secretariat and Board use my personal data specified in this application in order to process my application for support.

By signing this application, I accept the following terms:

- The Recommendation Committee stores the application for 5 years before it is deleted
- The Employee Foundation stores applications, which are not met, for 1 year before deletion
- Applications met, will be stored for 5 years. Hereafter, all personal data will be anonymized and only the company and the purpose of the support will be kept for statistical purposes

If you are applying for support to a child under the age of 18, all holders of custody must sign this declaration.

Please print the declaration and sign the relevant parts, scan the document and enclose it in your application.

Date: _____

Signature: _____
Employee

Date: _____

Signature: _____
Applicant (above the age of 18)

Date: _____

Signature: _____
Holder of custody

Date: _____

Signature: _____
Holder of custody