



**Request for reimbursement of the registration fee**

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_

Date of born \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

Requests reimbursement of the IRVEA contribution paid on \_\_\_\_\_ of a total of

Euros \_\_\_\_\_ for the course \_\_\_\_\_

scheduled for the days \_\_\_\_\_

**on the following bank details:**

- name and address of the bank \_\_\_\_\_
- account holder name: \_\_\_\_\_
- full bank account number: \_\_\_\_\_
- banking swift: \_\_\_\_\_

**DOCUMENTS TO BE ENCLOSED:**

1. copy of identity document (passport or other official ID)
2. copy of the receipt of the payments made at the name

Data

Signature

\_\_\_\_\_

\_\_\_\_\_

This completed and signed application must be forwarded

by e-mail at [segreteria@irvea.org](mailto:segreteria@irvea.org)