

## Online-Registrierung zur Essenversorgung

Institution: Staatl. Ballett- und Artistikschule Berlin - Internat

## Online-Registration for boarding school supply

Dear parents and students, dear children,

welcome to VielfaltMenü! As an experienced and reliable vendor for food at educational institutions we are happy to welcome you or your child for the boarding school supply.

You are able to register for the lunch at **www.vielfaltmenue.com** by using a computer or a tablet. You will get the necessary information about the ordering and the payment right there. For the registration you only need a valid e-mailadress and the following registration code:

## 04305920

Important note on registration with a foreign IBAN. Please select billing using the PREPAID procedure. Please send us the SEPA direct debit on the reverse side by e-mail and we will convert your billing manually to direct debit.

With this registration code we are able to relate your registration to the wished educational institution. You will receive a confirmation and the access data for our website by e-mail to order the lunch. As soon as you log in, VielfaltMenü ensures a high security of your data with https encryption.

Please use the following contact:

VielfaltMenü GmbH Servicecenter Wolfen Sonnenallee 17 - 21 06766 Bitterfeld-Wolfen

e-mailadress: servicecenter@vielfaltmenue.com

Bon appetit!

Your VielfaltMenü-Team

SEPA Direct Debit Mandate valid from:			
Please return to: VielfaltMenü GmbH, Sonnenallee 17-21, 06766 Bitterfeld-Wolfen			
Payment recipient:			
Name:	VielfaltMenü	VielfaltMenü GmbH	
Street and number:	Oberlandstra	Oberlandstraße 13-14	
Postal code and city/town:	12099 Berlin	12099 Berlin	
Creditor Identifier:	DE56ZZZ000	DE56ZZZ00000089753	
Mandate reference:	will be notifie	will be notified separately	
Payer (account holder):		Name of meal participant:	
First name(s) and surname:			
Street and number:		Name of the school/facility:	
Postal code and city/town:			
I hereby irrevocably authorise the aforementioned payment recipient to collect the payments I owe when due by direct debit from my bank account.  SEPA Direct Debit Mandate:  I hereby authorise the aforementioned payment recipient to collect payments from my bank account by direct deb At the same time, I instruct my bank to honour direct debits charged by the aforementioned payment recipient to my bank account.  Note: I can demand reimbursement of the debited amount within eight weeks commencing with the debit date. The terms and conditions agreed with my bank shall apply.  IBAN of the payer:			
BIC (8 or 11 characters): Name of the bank:			
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/g	uardian:		
Street, post code, city/town of the parent/guardian:			
City/town	town Date (DD/MM/YYYY):		
Signature(s) of the payer (account holder):			
		Mandate is only valid with city/town, date and signature!	