

CONNECTION AGREEMENT

Please fill in this form and send it to info@stichtingzrn.nl

CONTACT DETAILS MEMBER	
Name of producer:	
Address:	
Local Chamber of Commerce number:	
Telephone number:	
Email address:	
Website address:	
DETAILS CONTACT PERSON	
Contact person:	
Telephone number:	
Email address:	

SIGNATURE

By signing this form, the producer declares that:

- 1. the details above are correct;
- 2. the following documents have been read and understood (available upon request or on the ZRN's website (http://www.stichtingzrn.nl):
 - a. the current Statutes;
 - b. the current Membership Rules and Regulations;
- 3. he/she is in agreement with the above documents.

SIGNED ON BEHALF OF THE PRODUCER

Name: ______, representative of the producer.

Function:

Date:

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