



#### Head Office

2, rue Bellot  
CH-1206 GENEVA  
SWITZERLAND

#### Central Office

3, rue Duguay-Trouin  
75280 PARIS CEDEX 06  
FRANCE

☎ 01 42 22 07 77

☎ 01 42 22 91 27

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#### General Section

3, rue Duguay-Trouin  
75280 PARIS CEDEX 06  
FRANCE

#### Belgium Section

M.R.B  
BP 10300  
1130 BRUSSELS  
BELGIUM

#### West Africa Section

Il Plateaux  
28 - BP 922  
ABIDJAN - 28 R.C.I.

#### Central Africa Section

BP 168  
YAOUNDE  
CAMEROUN

#### East Africa Section

P.O. Box 13475-00800  
NAIROBI  
KENYA

#### Madagascar Section

BP 667  
ANTANANARIVO 101  
MADAGASCAR  
MALAGASY REPUBLIC

#### Brazil Section

Filhas da caridade /EMI  
Caixa Postal - 471  
60170-002  
FORTALEZA-CEARÁ  
BRAZIL



# Subscription form

[ Option 2 ]

I.M.S. Group n°

Name of the group :

Address :

Phone :

Fax :

Mail :

Name of the group manager :

Account [on which benefits will be paid] :

bank code :

(only in France)

sort code :

(only in France)

Account number :

Control digits :

n° IBAN/CLABE :

SWIFT :

Bank :

Address :  
(country where  
the account is registered)

Account holder :

Account currency :

> please enclose Bank account details

## Affiliation

I.M.S. number :

Option 4 (more than six months) since :

Title (priest, sister ...) :

Vocation (religious, ...) :

Surname :

First name :

Date of birth : \_\_ / \_\_ / \_\_\_\_

Nationality

Country of mission :

Date of arrival :

Date of departure :

Travel purpose : Chapters  Training  Meeting

> enclose the invitation

## Conditions :

Option 2 is a complementary cover to Option 4. It is valid in Europe for a renewable period of 3 months. It is a quarterly fare whatever the length of the stay. This contribution being complementary, the contribution for option 4 is still due during that same period.

Comments :

Done in :

The :

Signature of the group manager :