

**Company details** 

Legal company name			
Street	City		
Zip code	Country		
Company website	VAT number (mandatory for European countries)		
Primary contact for membership			
Contact name	Job title		
Phone number	Cell phone number		
Email address			
Primary contact for billing			
Contact name	Job title		
Phone number	Cell phone number		
Email address			
Billing information (if different from the legal name a	nd address)		
Company name			
Street	Country		
Zip code	City		
VAT number (mandatory for European countries)	Purchase Order (PO) number needed Yes No		
Email address for invoices	Other information needed to send invoices to your company		



### **Type of Membership**

Core member

Regular member

#### **Value Chain Level**

Testing / Engineering Standards / Standardization

Plug / Cable / Sub Supply

**Charging Station Manufacturers** 

**OEM** 

Infrastructure / CPO

**Grid Operators and Energy Provider** 

Service E-mob / ICT

Others, please name:

#### **Annual Corporate Revenue (in USD):**

Number of Employees of your company:

**Company description** 

Why is your company interested in joining CharlN e.V. as a member?

How does your company plan to contribute to CharIN e.V.'s mission?



#### **Declaration of Consent**

The Charging Interface Initiative e. V. collects data about the member company as well as its representative[s] according to this form. The association digitally stores and processes this data only for membership administration purposes. In addition, the Charging Interface Initiative e. V. collects, digitally stores and processes individual data of the members of the Steering Committee upon their personal consent.

The association uses technical and organizational measures to secure its website and other systems against the loss, destruction, access, alteration, or dissemination of data by unauthorized people. Despite regular controls, however, complete protection against all risks is not possible.

We agree that the name, logo and homepage link of our company/organization may be used on the homepage of the association as well as in other digital or printed media published by the Charging Interface Initiative e. V. We also agree that our logo may be shown at all exhibits, CharlN e. V. participates in, to illustrate the member base.

We will gladly provide supporting documents upon request:

- Company logo within 7 days
- Press release and member area on CharlN website within 14 days after acceptance of membership.

We are familiar with the current effective version of the Articles of Association and all its appendices including the Rules of Membership Dues. We pledge to abide all terms and regulations given therein.

We may withdraw this application within 14 days.



Place and Date		Name in block letters	
		Legally binding signature	
Declaration (	of Acceptance		
We gladly accept	the application request abo	ve by	
from	on behalf of the Charging Interface Initiative e. V.		
Berlin,		Berlin,	
Claas Bracklo		Michael Keller	
Chairman		Treasurer	

Membership Application Charging Interface Initiative e. V.

Please see next page for SEPA Direct Debit Mandate.



### **SEPA Direct Debit Mandate**

Please fill out the following form if you are interested in paying your membership fee with SEPA Direct Debit.

SEPA Direct Debit Mandate		
Creditor name: Charging Interface Initiative e.V.		
Creditor address		
Street name and number: Kurfürstendamm 11		
Postal code and city: 10719 Berlin Country: Germany		
Creditor identifier: DE06ZZZ00002100105		
Mandate reference (to be completed by the creditor):		
By signing this mandate form, you authorise (A) the creditor (name see above) to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the creditor (name see above).  As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.		
Type of payment:  Recurrent payment  One-off payment		
Debtor name:		
Debtor address*  * Optional information		
Street name and number:		
Postal code and city: Country:		
IBAN of the debtor (max. 34 characters):		
BIC (8 or 11 characters):		
Note: The BIC is optional when Debtor Bank is located in a EEA  SEPA country.		
Location: Date (DD/MM/YYYY):		
Signature of the debtor:		