

SYNOVA* registration form

To be filled out by SYNOVA: region

office

General information (please only capital letters)

name

first name

street

number

PO box

postal code

city/town

national register number (check ID card)

-

gender female male

date of birth

.

.

nationality

language Dutch French

civil status

name partner

IBAN

BIC

phone number

mobile phone number

e-mail (personal)

email address (professional)

Professional information

- blue-collar worker white-collar worker executive additional benefits (assets, guaranteed income, ...) _____
 full unemployment pre-retired (unemployment with company supplement) student other: _____

name of employer

interim at

address

employed since

.

.

company registration number

joint committee

company's business sector

full-time yes no If no, I work _____ hours/week

full-time working arrangement is _____ hours/week

Affiliation details

I want to join SYNOVA in the area where I work live

date of affiliation

.

.

Previously, I was a member of ACV/CSC ABVV/FGTB other: _____

I had been a member from

.

.

until

.

.

member's signature

I have read and agree to the membership terms and conditions.

Your personal data will be stored and processed by SYNOVA in an automated manner for the purpose of providing our services only. In compliance with the Privacy Protection Act, you have the right to access or edit these data. For more information, please visit our website where you'll find our privacy statement.



Join us!
SYNOVA.be

SYNOVA
trade union

SEPA EUROPEAN DIRECT DEBIT MANDATE

Recurring recovery (Business to customer)

Account holder details (to be completed by debtor)

name		first name			
street	number	PO box	postal code	city/town	
Bank Account Number (IBAN)					
Bank Identifier Code (BIC)					
name member (in case the account holder is NOT a member)					
drawn up at (location)		date			
signature					

I, being the undersigned, declare:

- to be account holder or authorised signatory of the above account;
- to consent to SYNOVA issuing instructions to my bank to debit an amount from my bank account;
- to consent to my bank debiting my bank account in conformity with SYNOVA's instructions;
- to consent to SYNOVA's proposal to proceed with the execution of any domiciled payment without a notification time period;
- to consent to SYNOVA's proposal that the monthly direct debit payment can be adapted with immediate effect based on the member's then-known statute at SYNOVA and this in accordance with the contribution regulations;
- to consent to SYNOVA's proposal that in case of payment delays, the delay can be collected by a temporary increase of the domiciled payments in the amount of the outstanding balance with a maximum of € 60 per month;
- to consent to SYNOVA's proposal that in the event of a surplus amounting to an amount that is less than a monthly payment, this will be deducted from the monthly payment;
- to consent to the registration and processing of my personal data by SYNOVA FV, with its officially registered office at Koning Albertlaan 95 in 9000 Ghent, being the party responsible for the processing. These personal data will be processed exclusively for the purpose of executing payment services relating to the member's fee for which the mandate is granted, which includes the prevention of abuse and fraud. For the right to access and the right to correct incorrect data, a request should be addressed to the above address.

By signing this mandate, you allow SYNOVA to issue instructions to your bank to debit your bank account and allow your bank to debit your account according to SYNOVA's directions. You are entitled to reimbursement from your bank according to the conditions detailed in the agreement you have signed with that bank. Any reimbursement request must be submitted within the 8 weeks following the date of the debiting of your account. Your bank can inform you of your rights under your mandate.

Creditor details

name: SYNOVA

creditor identification: BE66 007 0850330011

address: Koning Albertlaan 95, 9000 Gent, België

For use by SYNOVA only

reason for direct debit: membership fee for membership number

mandate number

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Please return this form to your SYNOVA office. If the direct debit is to be discontinued, the debt mandator (SYNOVA) must be notified.

*SYNOVA is used in this affiliation form up to and including 14 September 2026 exclusively as a commercial name; until that date, the legal and statutory name 'ACLVB (General Confederation of Liberal Trade Unions of Belgium)' remains applicable.



Join us!
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trade union