

THIRD PARTY AUTHORISATION FORM

Please return this form by email to islfinances@islux.lu with parents in copy

- The undersigned third party wishes to have the school fee invoices issued in the name of the parents (sent to the parents and forwarded to us through them as applicable) and wishes to arrange payment transfers on their behalf.
- The undersigned third party wishes to have the school fee invoices issued in the name of our company

Exact name of company or third party	
Postal address	
Phone number	
Fax number	
Bank details – BIC/Swift	
Bank details – IBAN	
Email for billing	
<u>Contact person</u> Human Resources Position/title	
E-mail	
<u>Contact person</u> Accounting department Position/title	
E-mail	
Parent concerned Child(ren) concerned (please attach extra page if necessary)	

Please note the statement of school fees outlining payment and withdrawal notification conditions. This statement is updated every school year and made available on the school's website. The above invoicing instructions will be carried over each school year until the school is notified otherwise. Credit note or refunds will take place according to withdrawal notification deadlines and related source of funds.

By filling out this Online Form you are agreeing to be bound by the [Data Protection Policy](#), the Data Retention Policy and the Privacy Notice of the International School of Luxembourg. Please contact the ISL Data Protection Officer (dpo@islux.lu) if you have questions relating to these policies and/or the Online Form.

The related exchange of information has been agreed by the parent: Yes / No

Date & Company stamp

Signature

Name of Legal
Representative _____

Position _____