

PAYMENT OPTIONS

Child's Full Name: _____

Child's Fiscal Number: _____

Year Group:

☐ Pre-Reception ☐ Reception ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6

☐ Year 7 ☐ Year 8 ☐ Year 9

Fees payment: ☐ Annually ☐ Termly

Payments made by bank transfer must be exempt from bank charges.

The bank transfer statement must be sent via email to admin@eupheus.pt and the pupil's name and fiscal number indicated in the *Subject* field.

Bank Details:

Entity: EUPHEUS – International Educational Project, Lda.

Name of Bank: Novo Banco – Rua D. Francisco Gomes, 25, R/C, 8000-306 Faro

NIB: 0007 0000 00421032187 23

IBAN: PT50 0007 0000 0042 1032 1872 3

SWIFT/BIC: BESCPTPL

The payee must sign below

*Signature:

(As Passport or Identity Card)

*One parent's signature is sufficient when you live together (be aware that a parent's signature legally binds both parents) or when the custody documents so indicate.

**Signature:

(As Passport or Identity Card)

** The signature of both parents is required when the legal documentation provided indicates joint custody of separated parents, when there is no documentation and when the parents do not live together.

Loulé, _____ of _____ 20____.