

ARÈNES DE BAYONNE
BAIONAKO ZEZEN PLAZA
 AVENUE DES FLEURS
 64100 - BAYONNE - BAIONA

FORMULAIRE DE REMBOURSEMENT
 (A JOINDRE AVEC LES BILLETS ET UN RIB)

NOM /LAST NAME (Inscrit sur le billet)

Grid for last name: 25 empty boxes.

PRENOM/FIRST NAME (Inscrit sur le billet)

Grid for first name: 25 empty boxes.

ADRESSE/STREET ADDRESS

Grid for address: 3 rows of 25 empty boxes each.

CODE POSTAL

Grid for postal code: 5 empty boxes.

VILLE/CITY

Grid for city: 25 empty boxes.

PAYS/CONTRY

Grid for country: 10 empty boxes.

N° DE TELEPHONE

Grid for telephone number: 12 empty boxes.

Spectacle	Date	Nombre de billets	Prix billets	Prix, unitaire X nombre de billets
TOTAL				

INFORMATION POUR LE REMBOURSEMENT :

FRANCE :

Bénéficiaire :

Grid for beneficiary name: 20 empty boxes.

Banque :

Grid for bank name: 25 empty boxes.

RIB

Grid for RIB: 8 empty boxes.

Grid for RIB: 8 empty boxes.

Grid for RIB: 15 empty boxes.

Grid for RIB: 3 empty boxes.

ETRANGER :

Bénéficiaire :

Grid for beneficiary name: 20 empty boxes.

Banque :

Grid for bank name: 25 empty boxes.

IBAN :

Grid for IBAN: 4 empty boxes.

Grid for IBAN: 8 empty boxes.

Grid for IBAN: 8 empty boxes.

Grid for IBAN: 8 empty boxes.

Grid for IBAN: 8 empty boxes.

Grid for IBAN: 8 empty boxes.

Grid for IBAN: 8 empty boxes.

BIC

Grid for BIC: 11 empty boxes.

Date

Signature :