

Edmilson Funds Asia

Support Benefits Application Form

_____ (hereinafter referred to as “the applicant”) and his/her guardian
 _____ (hereinafter referred to as “guardian”) is for the general
 incorporated association Edmilson Funds Asia (hereinafter referred to as “Edmilson Funds”).
 Therefore, in order to receive support for the activities of the person in the soccer club, we will
 apply for support benefits as follows.

Applicant	Name			Date of Birth			
	Address	<div style="display: flex; justify-content: space-between; align-items: center;"> Phone () — </div> <div style="display: flex; justify-content: space-between; align-items: center;"> E-mail @ </div>					
	Soccer Club Affiliation						
Guardian	Name			Relationship with Applicant			
	Address <small>(if different from applicant)</small>	<div style="display: flex; justify-content: space-between; align-items: center;"> Phone () — </div> <div style="display: flex; justify-content: space-between; align-items: center;"> E-mail @ </div>					
	Payee Account	Bank Name			Branch Name		
		Account Number					
		Account Holder					

1. Details of Support Benefits

- (1) Amount: SDG1,000 (one-time payment)
- (2) Payment method: Transfer to your bank account within 2 months after notification of acceptance.

(3) Use of Support Benefits

The applicant and the guardian promise the following when receiving the support benefits.

- (1) Support benefits will be used only for activities at the soccer club of the applicant.
- (2) If the applicant and the guardian use the support benefits contrary to (1), the applicant and the guardian will immediately return the full amount of the support benefits received from Edmílson Funds.

(4) End of Support Benefits

The applicant and the guardian acknowledge the following regarding the termination of The support benefits.

- (1) If the applicant withdraws from the soccer club to which he / she belongs or declines to receive the support benefits, the support benefit payment to the applicant and his / her guardian of Edmílson Funds will be terminated.
- (2) Not limited to (1), the incentive payment may be terminated due to the circumstances of Edmílson Funds.

[Signature line] * Please fill in by hand.

Name of Applicant :

Address :

Name of Parent/ Guardian :

Address :

(If different from Applicant)

Edmílson Funds accepts the above application by the person himself / herself and his / her guardian.

[Signature line]

Legal entity name: General Incorporated Association Edmílson Funds Asia

Representative name: Representative director EDMILSON JOSE GOMES DE MORAES

Residence: 83 Clemenceau Avenue #13-03 UE Square Singapore 239920