



Application form bicycle scheme

Applicant:

Name:	
Street and house number:	
Postal code:	
Place of residence:	
Date of birth:	
Start date employment contract:	
End date employment contract:	

Bicycle:

Invoice date:	
Total amount of bicycle, accessories and bicycle insurance (reimbursement up to an amount of EUR 1,000,-):	
Set off against (choose one option):	<input type="radio"/> Gross monthly salary <input type="radio"/> Holiday allowance (May)

Signature applicant:

Date

Signature (applicant)

Reimbursement (to be completed by HR):

Participation in bicycle scheme approved (y/n):	
Processed in payroll (month):	

Date

Signature (HR)