

Swiss Travel Fund (Reka) Cooperative  
Reka-Card Request  
P.O. Box  
CH-3001 Berne

## Request Form for the Reka-Card

### Title

Mr  Ms

### Language

German  French  Italian  English

### Date of birth

--	--	--	--	--	--	--	--	--	--

### Surname

---

### First name

---

### Address

---

### Addition to address (e. g. c/o Meier family)

---

### Postcode

---

### Place

---

### Email

---

### Telephone

---

### Selection of pay-in slips

- Kindly send me **6 pay-in slips for CHF 98.–** (the amount of CHF 100.– is credited to my account)  
 Kindly send me **6 pay-in slips for CHF 490.–** (the amount of CHF 500.– is credited to my account)

**Please note** that, **upon receipt of your payment**, your Reka-Card and the PIN will be sent to you within 5 working days under separate cover. The CHF 12.– card fee will be automatically charged to your account once you have made your deposit.

I hereby accept the above-mentioned terms and conditions.

### Place, date

---

### Signature

---