



PERMISSION FORM

I hereby give permission to my child to borrow books and other media from the libraries of Stiftung Hamburger Öffentliche Bücherhallen in accordance with the library terms and conditions.

Details of the child:

Surname	
First name	
Sex	<input type="checkbox"/> diverse <input type="checkbox"/> male <input type="checkbox"/> female
Date of birth	__ . __ . ____ day / month / year
Street and number	
Postcode and place	

Details of the legal representative:

Surname	
First name	
Email address	
(Complete only if address is different)	
Street and number	
Postcode and place	

I hereby certify that I am the legal representative of the child mentioned above and/or that the other legal representatives have given their consent. I guarantee Stiftung Hamburger Öffentliche Bücherhallen that my child will meet all obligations arising from the use of the libraries. Insofar I undertake to replace any borrowed media registered on the child's Bücherhallen card that have not been returned or that are damaged and pay any reminder fees and/or late-return charges which may and/or have become due. I have been informed that I can limit the number of media my child can borrow at the library at any time.

You will find more information on our Data Privacy Policy at www.buecherhallen.de/datenschutz or attached to the General Terms and Conditions [AGB]

.....
Date, signature of the legal representative 12/2023



Authorisation

One-time authorisation to get a Bücherhallen card

This authorisation is only valid to get a Bücherhallen card for children / young people under 16.

I hereby authorise the person mentioned below to get a Bücherhallen card on my behalf.

Note: Please complete **all** fields.

Authorising person (legal representative):

Full name

Street and number

Postcode and place

Place and date

Authorising person's signature

Person authorised:

Full name

Street and number

Postcode and place

To be completed by Bücherhallen	
<ul style="list-style-type: none">• Identity card of the person authorised was presented.• Forms were sent by email to the service department / accounts.	
Bücherhallen card number:	
Date and Bücherhallen code:	
Name code:	



Bücherhallen Hamburg

Bücherhallen Hamburg
Verwaltung
Hühnerposten 1
20097 Hamburg

SEPA Direct Debit Mandate

Creditor identification number DE54ZZZ00000902552

Details of the child (Bücherhallen card holder) must be entered in the upper section followed by the bank details further down.

Surname (card holder)

First name

Street and number

Postcode and place

Date of birth (DD. MM. YYYY)

I hereby authorise Bücherhallen Hamburg to collect payments in accordance with the scale of fees and charges in force from my account by direct debit mandate. At the same time, I will instruct my bank to authorise Bücherhallen Hamburg to take payment from my account.

Note: The terms and conditions you have agreed with the bank apply.

If the direct debit payment fails, we will charge the respective chargeback fee to your account.

Surname (bank account holder)

First name

IBAN number

Place and date

Account holder's signature

12/2023