



## ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT

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### PAYMENT PER CREDIT CARD REGISTRATION FORM

**Membership code** (part reserved for the APPN):

**Name :**

**Settlement of Payment :**      quarterly            6-months            annually     

**Credit card type :**              MASTERCARD                    VISA             

**Credit card number :**

**Expiry date of validity :**

**Cryptogram (3 digits at the back) :**

With my signature I authorize APPN, France to deduct my monthly premiums from above credit card according to the settlement of payment and I certify that I am the authorized signer of the credit card mentioned in the application form. A Credit Card surcharge of 1,6 % will be applied on the monthly premium to all members due to non-profit organization status of APPN in France.

**Date :**

**Signature**