



## BICYCLE PLAN REGISTRATION FORM

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Full Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Postal code : \_\_\_\_\_  
City : \_\_\_\_\_  
Train/Bus station in use : \_\_\_\_\_  
BSN : \_\_\_\_\_  
Business Unit : \_\_\_\_\_  
Employee ID : \_\_\_\_\_  
Cost Center : \_\_\_\_\_

For Internal use : Commute Address is within 15km  YES  NO

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The undersigned Employee hereby states the following

1. Employee would like to participate in the Dutch Bicycle Plan
2. The Employee hereby declares that he/she will travel at least half of his/her travel time, to and from work, by bicycle
3. The Employee hereby declares that his/her registered home address is within a maximum distance of 15 km (one way) from work (or a public transport station used for travel to work/home);
4. The Employee consents in deductions of his/her gross salary to fund the bicycle
5. Total cost of bicycle will be in line with the terms as outlined in the "Financial conditions" (Bicycle regulation).
6. The Employee chooses the following equal payment method to deduct payment from his/her gross salary:
  - 1 payment
  - 3 equal payments
  - 6 equal payments

Employee fully understands the content of the Bicycle regulations and accepts all terms and conditions concerned with the Bicycle regulation.

Drawn up in duplicate originals and signed in Amsterdam, on the \_\_\_ of \_\_\_\_\_ 20 .

For approval

\_\_\_\_\_  
Manager name & signature

\_\_\_\_\_  
Employee Name & Signature

\_\_\_\_\_  
MT Member name & signature

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