



STATE OF SABOTAGE

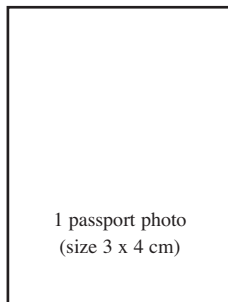
IDENTITY CARD APPLICATION FORM

PERSONAL AUSWEIS ANMELDEFORMULAR

FORMULAIRE DE CARTE D'IDENTITE

BLOCK CAPITALS PLEASE
BITTE IN BLOCKBUCHSTABEN AUSFÜLLEN
SVP. REMPLIR EN LETTRES CAPITALES

Application send to SoS Department
Antrag senden an P.O.Box 48
Envoyez le formulaire par 1053 Vienna
Austria Europe



Personal Data/Persönliche Daten/Informations personnelles

1. Surname/Nachname/Nom _____ 2. First name/Vorname/Prénom _____

3. Date of birth/Geburtsdatum/Date de naissance _____
Day | Month | Year

4. Place of birth/Geburtsort/Lieu de naissance _____
City, Country

5. Address – Permanent residence/Wohnsitz/Domicile _____
Street/No. _____
Postal Code/City _____
Country _____

6. Sex/Geschlecht/Sexe _____

7. Signature/Unterschrift/Signature du titulaire _____

8. IDENTITY CARD/PERSONAL AUSWEIS/CARTE D'IDENTITE

Golden magnetic card, Security printing,
ISO Norm 7810, international standard.
Dimensions: 86 x 54 mm, 0,76 mm thick.
EURO 30/USD 60/GBP 30 (incl. Packaging and
postage costs). No checks accepted.

Goldene Magnetkarte, Sicherheitsdruck, ISO Norm
7810, Internationaler Standard, Maße: 86 x 54 mm,
0,76 mm stark. EURO 30/USD 60/GBP 30 (inkl.
Verpackung und Versandgebühren). Checks werden
nicht angenommen.

Dorées carte d magnétique, Security printing,
ISO Norm 7810, modèle international.
Dimensions: 86 x 54 mm, 0,76 mm épais.
EURO 30/USD 60/GBP 30
(incl. Frais de port). No checks accepted.

Method of payment/Zahlungsart/Mode de paiement: ___ Bank transfer/Bankanweisung/virement bancaire
___ cash enclosed/Geld in Bar beigelegt/ mandat postal

Bank account/Kontoverbindung/Coordonnées bancaires Account name: SoS Sabotage
Bank Company: Oberbank Vienna
IBAN: AT681515000501046981
BIC: OBKLAT2L

Admission as a citizen of the SoS state can only be processed and executed with the submission of correct information and complete documentation.

Date of application/Datum des Antrages/Date de demande _____
Day | Month | Year Signature/Unterschrift _____

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(DO NOT WRITE IN THIS SPACE/NICHT IN DIESES FELD SCHREIBEN/NE PAS REMPLIR CETTE PARTIE)

SoS Identity card issued _____ No. _____ Issued by _____
Day | Month | Year

Strategic Alliance _____