

## APPLICATION FORM

### IDENTITY CARD TOURETTE SYNDROME (TS)

*I would like to apply for an ID card for (name to appear on the card) : .....*

- ☐ I am over 18 years of age and am applying for the card on my own behalf.  
☐ I am the parent or guardian of the applicant.

**Title:**

**First Name:**

**Last Name:**

**Cardholder's Date of Birth:**

**Delivery address (allow 15 days for delivery):**

**Zip Code:**

**Phone:**

**Email:**

I attach proof of diagnosis of Tourette syndrome (a scan of your diagnosis letter for example)

I am attaching a photo ID (legal ID size) of the person named on the card and a copy of the ID card for verification.

I order (delivery time : 15 days)

1 card		10€	
2 cards		15€	
1 pack of 25 cards		5€	=
Pack 2 cards + 25 cards		18€	=
I support the association with a donation of		€	=
<b>Total amount</b>			=
To be paid into IBAN account: BE13 0018 1262 3539			
Or online at <a href="http://www.iktic.be">www.iktic.be</a>			

**Please complete your application form and send it along with your digital photos and scan of your diagnosis letter using the online link or by mail to [Dr Seonaid Anderson, 11 Rue Du Sawheux, Villers Sainte Gertrude 6941 Belgique](mailto:Dr.Seonaid.Anderson@iktic.be)**

Date and signature :

VZW Iktic Tourettevereniging België - Jetique Association Tourette Belge ASBL

**Sint Pieterstraat 5 8906 Elverdinge**

Tel. +32 (0) 477 95 15 79

Ondernemingsnr. 0505729789

[www.iktic.be](http://www.iktic.be)

## CERTIFICATION

### IDENTITY CARD TOURETTE SYNDROME (TS)

Please ask an adult (over 18) who knows the applicant (other than a parent) to check the photo and sign below.

This could be a neighbour, teacher, or friend, for example.

---

I, the undersigned, declare that I know ..... (the applicant)  
In my capacity as (neighbour, parent, teacher...) .....

And certify that the attached photograph is a true likeness of the person whose name appears on the card.

Date and signature :

---

#### **Form to be returned to**

[info@iktic.be](mailto:info@iktic.be)

or by post to: **Dr Seonaid Anderson, 11 Rue Du Sawheux, Villers Sainte Gertrude 6941**  
**Belgique**