



## SEPA Direct Debit Mandate

By signing this mandate form, you authorise (A) Cigna to send instructions to your bank and to debit your account and (B) your bank to debit your account in accordance with the instructions from the Creditor. **Please inform your bank that you have given Cigna the authorisation to debit your account.**

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

### Creditor

Name Cigna International Health Services BVBA  
Address Plantin en Moretuslei 299  
2140 Antwerpen  
Identifier BE74ZZZ0414783183  
Mandate reference (reserved for the creditor)

### Debtor

Name - First name \_\_\_\_\_  
Cigna pers. ref. no. or product name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
Postal code \_\_\_\_\_ City/Town \_\_\_\_\_ Country \_\_\_\_\_  
Swift/BIC \_\_\_\_\_  
Account number - IBAN \_\_\_\_\_

The information contained in this form can be processed by Cigna International Health Services BVBA, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, holder of the file, in view of the servicing to the insured persons, the management of insurance policies and claims. The law for the protection of the private life concerning the processing of personal data of December 8, 1992 provides for a right of access and correction as well as the possibility to consult the public register.

Date (d-m-y) \_\_\_\_\_ Location \_\_\_\_\_

Signature \_\_\_\_\_