

SEPA Core Direct Debit Mandate

(With right of contestation)

Creditor

Creditor identifier

Mandate reference*

*To be completed by the creditor

Debtor

By signing this mandate form, you authorize the creditor to send instructions to your bank to debit your account and your bank to debit your account in accordance with the creditor's instructions. 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.

Last name, first name

Company

Street, no.

Postcode, town

Country

Account number (IBAN)

Bank (name and BIC)

Payment type

Recurrent payment

One-off payment

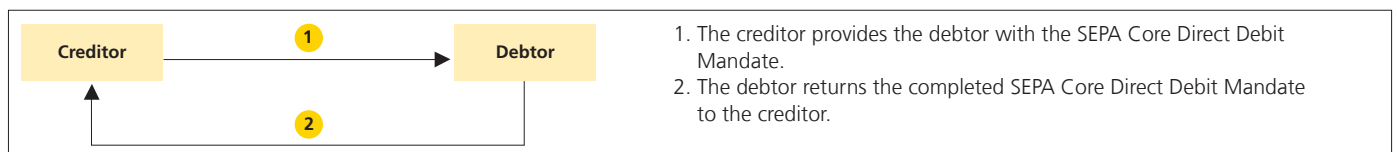
Place, date

Signature*

Signature*

*Signature of the grantor of power of attorney or authorized person for the account. In the case of collective signatures, two signatures are required.

Please return the completed SEPA Core Direct Debit Mandate **to the aforementioned address.**



Note: Your rights pertaining to the mandate above are contained in a datasheet, which you can obtain from your bank.

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