

## **SEPA Direct Debit Mandate**

By signing this mandate form, you authorise (A) Vanbreda International 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 Vanbreda International 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.

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Name Vanbreda International NV Address Plantin en Moretuslei 299

2140 Antwerpen

Identifier BE74ZZZ0414783183

Mandate reference (reserved for the creditor)

Debtor		
Name - First name		
Vanbreda pers. ref. n	o. or product name	
Date of birth		
Address		
Postal code	City/Town	Country
Swift/BIC		
Account number - IB	AN	
in view of the servicing t	o the insured persons, the management o	eda International NV, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, holder of the file, if insurance policies and claims. The law for the protection of the private life concerning the ht of access and correction as well as the possibility to consult the public register.
Date (d-m-y)		Location
Signature		