4.7.2 DS-01 - The Mandate[9]

SEPA Direct Debit Mandate

Unique mandate reference - to be completed by the creditor

CREDITOR'S NAME & LOGO

By signing this mandate form, you authorise (A) {NAME OF CREDITOR} to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from {NAME OF CREDITOR}.
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 6 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.
Please complete all the fields marked *.

Your name / *Your name* — * Name of the debtor(s) / *Name of the debtor(s)* 1
Your address / *Your address* — * Street name and number / *Street name and number* 2
* Postal code / *Postal code* City / *City* 3
* Country / *Country* 4
Debtor identification code / *Debtor identification code* — For business users: write any code number here which you wish to have quoted by your bank. / *For business users: write any code number here which you wish to have quoted by your bank.* 5
Creditor's name / *Creditor's name* — * Creditor name / *Creditor name* 6
** Creditor Identifier / *Creditor Identifier* 7
** Sreet name and number / *Street name and number* 8
** Postal code / *Postal code* City / *City* 9
** Country / *Country* 10
Your account number / *Your account number* — * Account number - IBAN / *Account number - IBAN* 11
* SWIFT BIC 12
Person on whose behalf payment is made / *Person on whose behalf payment is made* — Debtor Reference Party: If you are making a payment in respect of an arrangement between {NAME OF CREDITOR} and another person (e.g. where you are paying the other person's bill) please write the other person's name here. If you are paying on your own behalf, leave blank. / *Debtor Reference Party: If you are making a payment in respect of an arrangement between {NAME OF CREDITOR} and another person (e.g. where you are paying the other person's bill) please write the other person's name here. If you are paying on your own behalf, leave blank.* 13
In respect of the contract / *In respect of the contract:* — ** Identification number of the underlying contract / *Identification number of the underlying contract* 14
** Description of contract / *Description of contract* 15
Type of payment / *Type of payment* — * Recurrent payment / *Recurrent payment* ☐ or One-off payment / *One-off payment* ☐ 16
City or town in which you are signing / *City or town in which you are signing* — Location / *Location* — Date * / *Date* D D M M Y Y 17

Signature(s)
Signatures
Please sign here *

Please return to:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Creditor's use only

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FIGURE 11: Illustration of a Direct Debit Mandate[10]

[9] Change 07/011

[10] Creditor is to complete fields marked ** before supplying form to Debtor