

SEPA Direct Debit Mandate

Description of contract

Mandate reference – to be completed by the creditor

Account owner

Company name

First name, Last name

Address

Postalcode

City

Bank account

IBAN

BIC

Creditor institute

By signing this mandate form, you authorise (A) belsignum UG (haftungsbeschränkt) to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Belsignum UG (haftungsbeschränkt).

Creditor identifier: DE15ZZZ00000486251

Place and date of issue

Signature, Company stamp

Please fill out and sign this document and send it via email (buchhaltung@belsignum.com) or via fax (+49 (0)89 62 00 05 19) to belsignum UG (haftungsbeschränkt).