

SEPA- Direct Debit Mandate

Policy holder

(name, first name / company) _____

Address (Street name and number) _____

Postal code and city, country _____

Customer No. _____

By signing this mandate form, I/we authorise (A) Pantaenius GmbH · Monaco, 34 Quai Jean-Charles Rey, 98000 Monaco to send instructions to my/our bank to debit my/our account and (B) my/our bank to debit my/our account in accordance with the instructions from Pantaenius GmbH, branch office Monaco.

As part of my/our rights, I/we are entitled to a refund from my/our bank under the terms and conditions of my/our agreement with my/our bank. A refund must be claimed within 8 weeks starting from the date on which my/our account was debited. Pantaenius GmbH, branch office Monaco will inform me/us about the first SEPA direct debit in advance.

Creditor identifier: DE83MCZ00000785630

Mandate reference: The mandate reference will be stated on the payment notice

Type of payment: recurrent payment of due premiums

Bank details

Bank _____

BIC _____

IBAN _____

Place, Date

Account Holder's Signature

Please fill out the following only if account holder and policy holder are not identical:

Account holder

(name, first name / company) _____

Address (Street name and number) _____

Postal code and city, country _____

I/we agree that all payment information is sent to the policy holder or their correspondence address. I/we agree that Pantaenius will save the personal data under the condition of the Federal Data Protection Act (BDSG) and Monegasque Data Protection Law.

Place, Date

Account Holder's Signature

The policy holder is obliged to forward all payment information (Pre-Notification) to the account holder.

Place, Date

Policy Holder's Signature