

Customer no.: _____
Account no.: _____

D_____D_____

Mandate reference, to be completed by the Creditor

By signing this mandate form, you authorise (A) POST Telecom S.A. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions sent by POST Telecom S.A.

You have the right to reimbursement from your bank under the terms and conditions of the agreement signed with them.

A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Fields with an asterisk are mandatory.

Direct debit request

Direct debit modification

Direct debit cancellation

Surname / First name*: _____

Street number / Street name*: _____

Postcode / City*: _____

Country*: _____

Bank account details*: _____

IBAN (International Bank Account Number)

BIC (Bank Identifier Code)

If the bank account holder is different from the POST Telecom S.A. contractor, specify the bank account holder's details here: (if you are paying on your own behalf, do not complete)

Surname / First name or Company name _____

Street no. / street name _____

Postcode / City _____

Country _____

Recurring/repeat payment

One-off payment

Creditor ID:	LU09ZZZ000000004812001001
Name of the creditor:	POST Telecom S.A.
Street number and name:	1, rue Emile Bian
Postcode and town / city:	L-1235 Luxembourg
Country:	Luxembourg

Signed and drawn up in as many copies as there are parties in:

Luxembourg
Location

Date: _____

Please sign here:

Bank account holder's signature

Signature of legal representative (if the subscriber is a minor):

Reseller signature/stamp
Reseller / Shop: _____
Sales rep.: _____