

Sepa Direct Debit Mandate

To be completed by the creditor

Mandate Reference:

BM0007084

Identifier:

ES 45000B93230258

Creditor's Name:

Arcetel S.L

Address:

Avd. de la Vega, Nº1 Edificio Veganova 3

Postal Code - City - Town:

28108 - Alcobendas - Madrid

Country:

Spain

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

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.

To be completed by the debtor

Debtor's Name:

Address of the Debtor:

Postal Code - City - Town:

- -

Country of the debtor:

Swift BIC (up to 8 or 11 caracteres):

Account Number - IBAN:

Type of payment:

Recurrent One-Off

Date - Location:

Signature of the debtor:

ALL GAPS ARE MANDATORY. ONCE THIS MANDATE HAS BEEN SIGNED MUST BE SENT TO CREDITOR FOR STORAGE.