



## SEPA Direct Debit Mandate

Unique Mandate Reference (UMR)

(for office use only)

**FR94ZZZ489429**

**EXCLUSIVE HEALTHCARE SA**

**Bat A, La Tour Vadon**

**15 rue Henri Vadon**

**83700 St Raphaël**

**France**

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

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. Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

### Please complete all the fields marked \*

Your Name

\*

Your Address

\*

  
  

Your Town / Post Code

Your Country

Your Account Number (IBAN)

\*

Your Bank Identifier Code (BIC)

\*

Type Of Payment

\*

Recurrent Monthly  
Payments

or

Recurrent Annual  
Payments

(Please tick ✓ one box only)

Date Of Signature

\*

D	D	M	M	Y	Y	Y	Y
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Town where the mandate is signed\*

**Signature(s)**

Please Sign Here

\*

**Please return this mandate form with a copy of your bank RIB to EXCLUSIVE HEALTHCARE SA at the address above.**

For Office Use: CR  LT  FL  RIB

Client Policy N°

EXCLUSIVE HEALTHCARE SA

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E-mail: [enquiries@exclusivehealthcare.com](mailto:enquiries@exclusivehealthcare.com) [www.exclusivehealthcare.com](http://www.exclusivehealthcare.com)

Siège social: Bat A, La Tour Vadon, 15 rue Henri Vadon, 83700 St. Raphael, France

SA au capital de €42 550 Siret No 453 595 043 00036 : Immatriculation ORIAS 07 029 474

Garantie financière et assurance de responsabilité civile professionnelle conformes aux articles L-530-1 et L 530-2 du code des assurances