



# DIRECT DEBIT MANDATE

I hereby give authorization to BDAE Holding GmbH to debit any due payments from my account (as stated below). As service provider of the BDAE Expat GmbH the BDAE Holding GmbH is authorized to administer its contracts to the full extend and to collect debits. The debit will be assignable by the Creditor Identifier DE23ZZZ00000131378 as well as the Mandate reference number. I hereby authorize my bank to redeem the debit notes presented by BDAE Holding GmbH for the benefit of the insurer. The debit will be effected to the first day of a month.

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

If the my bank account specified below does not perform for the amount to be debited directly the bank will not be obliged to redeem the requested amount. Partly payments are not subject to the direct debit mandate.

Surname / Company (account holder):
First name(s) (account holder):
Address (account holder):
Insurance- / frame contract number of the insured person(s):
Surname(s) / First name(s) of the insured person(s):
Bank (name / place):
IBAN:
BIC:

**I PREFER THE FOLLOWING INSTALLMENTS:**

Payment type*: (*please tick)	<input type="checkbox"/> yearly	<input type="checkbox"/> every 6 months (+2%)	<input type="checkbox"/> quarterly (+3%)	<input type="checkbox"/> monthly (+5%)
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Place / date

Signature / stamp account holder