

# SEPA direct debit mandate

Pensions

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## Mandate information

Naam: ASR Betalingscentrum B.V.  
Adres: Archimedeslaan 10  
Postcode/woonplaats: 3584 BA UTRECHT  
Land: The Netherlands  
Incassant ID: NL49ZZZ300756470004

By signing this mandate form, you authorize:

- ASR Levensverzekering N.V. to send recurrent collection instructions to your bank to debit your account and
- your bank to debit your account on a recurrent basis in accordance with the instructions from ASR Levensverzekering N.V.

If there is an error in the direct debit payment, you can claim a refund. If you wish to claim a refund, please contact your bank within eight weeks of the direct debit payment. Ask your bank for the conditions.

## Company data

Company name:	<input type="text"/>
Contract number:	<input type="text"/>
Address Company:	<input type="text"/>
Postal code:	<input type="text"/> <input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/>
Bank account number (IBAN):	<input type="text"/>
Bank identifier code (BIC):	<input type="text"/>
Name and initials of the authorized signatory*:	<input type="text"/>
Place	<input type="text"/>
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
Signature	<input type="text"/>

\* We require the following documents from the authorized signatory:

- A copy of a valid ID that has a photo with a security feature and that specifies the signatory's (the authorized signatory) citizen service number.
- A copy of an extract from the Chamber of Commerce (CoC), no more than six months old, showing which natural persons are authorized signatories.