

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: Nederland
 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:

Contract number:

Address Company:

Postal code:

City:

Country:

Bank account number (IBAN):

Bank identifier code (BIC):

Name and initials of the authorized signatory*:

Place:

Date: - -

Signature:

* 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.

α.s.r.

Pensioenen

Archimedeslaan 10

3584 BA Utrecht

www.asr.nl

ASR Levensverzekering N.V., KVK 30000847 Utrecht

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