



Sepa Direct Debit Mandate



Originators Identification Number

I | E | 8 | 7 | Z | Z | Z | 3 | 0 | 3 | 1 | 4 | 3

Please print, complete and sign the mandate and then email a photo or scanned copy to **OTC.CentralEurope@yara.com**

(1) Mandate reference

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(5) Swift BIC

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(2) Name(s) of account holder(s)

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(6) Recurrent payment

OR

One-off payment

X

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(3) Address of account holder(s)

Street name and number:
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City:
Postcode:

(4) Account number - IBAN

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By signing the mandate form, you authorise:

- (A) the Creditor to send instructions to your bank to debit your account and
- (B) your bank to debit your account in accordance with the instructions from the Creditor.

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 are explained in a statement that you can obtain from your bank.

(7)

Signature(s)
.....
Date