


# SEPA Direct Debit Mandate CORE



 Please complete all the fields marked \*

**Mandate reference** : BE33ZZZ0821802905

By signing this mandate form, you authorize (A) OpenS-ALLOcloud to send instructions to your bank (B) your bank to direct debit your account in accordance with the instructions from OpenS-ALLOcloud.

As parts 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.

## Account Holder(s)

Your name\* (max. 70 characters)

.....

Street name and number\*

.....

Postal code\*

City\*

.....

Country\*

.....

Your bank account number\*

IBAN \_\_\_\_\_

BIC \_\_\_\_\_

Company number .....

## Creditor

Name of creditor : OpenS-ALLOcloud BVBA/SPRL

Creditor identifier : BE0821.802.905

Street name and number: Avenue Leon Champagne 3

Postal code: 1480

City : Saintes

Country : Belgium

## Type of payment

Recurrent payment

Underlying contract : ALLOcloud order/contract

## Signature(s)

City\*

.....

Date of signature\*

\_ \_ / \_ \_ / 2 0 \_ \_

Signature(s)\*

Please sign, scan and email to [accounting@allocloud.com](mailto:accounting@allocloud.com)