SEPA-CORE DIRECT DEBIT MANDATE

Surname

First name

No. and street

Postcode **City**

Country

IBAN account

BIC

Name of the bank

Please attach a copy of the certificate of banking details (RIB)

Debit collection ◯ **annually** ◯ **semi-annually** ◯ **monthly**

Use of the indicated IBAN as reimbursement account? ◯ **Yes** ◯ **No***

***If no: please indicate your reimbursement account below**

Please attach a copy of the certificate of banking details (RIB)

By signing this mandate form, you authorise CMCM to send instructions to your bank so that it may debit your account for the amount of the membership contribution.
In accordance with the applicable legislation, you are entitled to a maximum period of 8 weeks from the date on which the contribution is debited to request a possible refund from your bank. **The original mandate, duly completed and signed, must be sent by post with the enclosed certificate of banking details (RIB) to the following address: CMCM, L-2971 Luxembourg.**

Debit date:
Annually: automatic debit on 2 January
Semi-annually: automatic debit on 2 January and 2 July
Monthly: automatic debit on the 2nd of each month

Issued in

on

Signature

RESERVED FOR THE CMCM

Identification of creditor L U 2 8 Z Z Z 0 0 0 0 0 0 0 0 0 8 3 9 8 0 0 2 0 0 1

Mandate reference C M C M 0

Membership number P - 0

CMCM ÄR GESONDHEETSMUTUELLE ZANTER 1956

Adresse Postale L-2971 Luxembourg **Tél.** 49 94 45-400 **E-mail** comptabilite@cmcm.lu