



A cumplimentar por el deudor
To be completed by the debtor

Referencia de la orden de domiciliación: Mandate reference	<u>CCCSRECARGOS</u>	<u>SIR02</u>
Identificador del acreedor : Creditor Identifier	<u>ES03010Q2826011E</u>	
Nombre del acreedor / Creditor's name	CONSORCIO DE COMPENSACIÓN DE SEGUROS	
Dirección / Address	PASEO DE LA CASTELLANA, 32	
Código postal - Población - Provincia / Postal Code - City - Town	28046 – MADRID – MADRID	
País / Country	ESPAÑA	

By signing this mandate form, you authorize (A) {NAME OF 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 {NAME OF CREDITOR}. This mandate is only intended for business-to-business transactions. You are not entitled to a refund from your bank after your account has been debited, but you are entitled to request your bank not to debit your account up until the day on which the payment is due. Please contact your bank for detailed procedures in such a case.

ALL GAPS ARE MANDATORY. ONCE THIS MANDATE HAS BEEN SIGNED MUST BE SENT TO CREDITOR FOR STORAGE. NEVERTHELESS, THE BANK OF DEBTOR REQUIRES DEBTOR'S AUTHORIZATION BEFORE DEBITING B2B DIRECT DEBITS IN THE ACCOUNT. THE DEBTOR WILL BE ABLE TO MANAGE THE MENTIONED AUTHORIZATION THROUGH THE MEANS PROVIDED BY HIS BANK.