

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.

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