European Payments Council

4.7.2 DS-01 - The Mandate

SEPA Direct Debit Mandate

Mandate reference - to be completed by the creditor

Libertas Rari Nantes Perugia
Settore Pallanuoto

By signing this mandate form, you authorise (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}.
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.
Please complete all the fields marked *.

Your name / *Your name* — Name of the debtor(s) / *Name of the debtor(s)* — 1

Your address / *Your address* — Street name and number / *Street name and number* — 2

Postal code / *Postal code* — City / *City* — 3

Country / *Country* — 4

Your account number / *Your account number* — Account number - IBAN / *Account number - IBAN* — 5

Creditor's name / *Creditor's name* — Creditor name / *Creditor name* — 6

Creditor Identifier / *Creditor Identifier* — 7

Street name and number / *Street name and number* — 8

Postal code / *Postal code* — City / *City* — 9

Country / *Country* — 10

Type of payment / *Type of payment* — * Recurrent payment / *Recurrent payment* or One-off payment / *One-off payment* — 11

City or town in which signing / *City or town in which you are signing* — Location / *Location* — 12

Please sign here — Signature(s) / *Signatures* — 13

Date * / *Date* — 13

Creditor name: LIBERTAS RARI NANTES PERUGIA ASD
Creditor Identifier: IT08ZZZ0000001942570548
Street name and number: VIA DELLA PALLOTTA 9
Postal code: 06126
City: PERUGIA

nderlying relationship between the Creditor and the Debtor - for information purposes only.
ring relationship between the Creditor and the Debtor - for information purposes only.

ode — 14
Write any code number here w hich you w ish to have quoted by your bank. *Write any code number here which you wish to have quoted by your bank.*

alf — 15
Name of the Debtor Reference Party: If you are making a payment in respect of an arrangement betw een {NAMEOF CREDITOR} and another pers n (e.g. w here you are paying the other person's bill) please write the other person's name here. If you are paying on your ow n behalf, leave blank.
Name of the Debtor Reference Party: If you are making a payment in respect of an arrangement between {NAME OF CREDITOR} and another person (e.g. where you are paying the other person's bill) please write the other person's name here. If you are paying on your own behalf, leave blank.

16
Identification code of the Debtor Reference Party
Identification code of the Debtor Reference Party

17
Name of the Creditor Reference Party: Creditor must complete this section if collecting payment on behalf of another party.
Name of the Creditor Reference Party: Creditor must complete this section if collecting payment on behalf of another party.

18
Identification code of the Creditor Reference Party
Identification code of the Creditor Reference Party

act — 19
Identification number of the underlying contract
Identification number of the underlying contract

20
Description of contract
Description of contract

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.
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Please return to:

SETTORE SINCRONIZZATO: SIG.RA FRANCESCA BAZZUCCHI
SETTORE PALLANUOTO: SIG. LUCA BARTOCCI

Creditor's use only

[1] Creditor is to complete fields marked ** before supplying form to Debtor