

Information relating to the services for which the transfer is required

(It will be completed/took into account only in the case where it has been marked with the Yes option corresponding to (C) of section (I))

1. Standing orders:

- all
 only the one indicated below:

1.1. Beneficiary name: _____
Account/ Beneficiary IBAN code: _____

Open at: _____
Payment frequency (daily, weekly, monthly, half-yearly, every quarter, bi- annually,, annually) [_____]
Payments day(1-31): [_____]
Payments amount: [_____] Payments Currency: [_____]

1.2. Beneficiary name: _____
Account/ Beneficiary IBAN code: _____

Open at: _____
Payment frequency (daily, weekly, monthly, half-yearly, every quarter, bi- annually,, annually) [_____]
Payments day (1-31): [_____]
Payments amount: [_____] Payments Currency: [_____]

2. The mandates of Direct Debit:

- all
 only the one indicated below:

2.1. Beneficiary name: _____
Beneficiary IBAN code or Creditor Identifier (only for interbanking DD):

_____ currency _____

Beneficiary Identifier Code (The subscriber code, no for policy, customer code, billing code, etc.): _____

Maximum amount: [_____]

The person in whose name the payment is made: _____

Option to inform the Beneficiary with regard to the transfer:

- I choose to inform personally the Beneficiary and certify that I have received from the destination PSP a standard letter for submission to Payers.
 I choose that the destination PSP to inform the Beneficiary, by sending a copy of the authorization on the following date of contact: _____

2.2. Beneficiary name: _____
Beneficiary IBAN code or Creditor Identifier (only for interbanking DD):

_____ |currency _____

Beneficiary Identifier Code (The subscriber code, no for policy, customer code, billing code, etc.): _____

Maximum amount: [_____]

The person in whose name the payment is made: _____

Option to inform the Beneficiary with regard to the transfer:

- I choose to inform personally the Beneficiary and certify that I have received from the destination PSP a standard letter for submission to Payers
 I choose that the destination PSP to inform the Beneficiary, by sending a copy of the authorization on the following date of contact: _____

