



A cumplimentar por el deudor
To be completed by the debtor

Acknowledgements

Creditor Identifier

Dirección / Address

10600 PLASENCIA CÁCERES

ESPAÑA

By signing this mandate form, you authorise (A) the 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 the 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 eight weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

DNI: _____

Teléfono: _____

Dirección del deudor / Address of the debtor

Código postal - Población - Provincia / Postal Code - City - Town

País del deudor / Country of the debtor

Swift BIC / Swift BIC (puede contener 8 a 11 posiciones) / Swift BIC (up to 8 or 11 characters)

Número de cuenta - IBAN / Account number - IBAN

[illegible]

En España el IBAN consta de 24 posiciones comenzando siempre por ES

Spanish IBAN of 24 positions always starting ES

Tipo de pago:

Type of payment

☐

Pago recurrente o

Recurrent payment or

☐

Pago único

One-off payment

Fecha – Localidad:

Date - location in which you are signing

Firma del deudor:

Signature of the debtor

Domiciliar a partir de:

TODOS LOS CAMPOS HAN DE SER CUMPLIMENTADOS OBLIGATORIAMENTE.
UNA VEZ FIRMADA ESTA ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA A: africacerca@gmail.com.
ALL GAPS ARE MANDATORY. ONCE THIS MANDATE HAS BEEN SIGNED MUST BE SENT TO: africacerca@gmail.com