



# SEPA - direct debit

By signing this form, you authorise AXA Assurances VIE Luxembourg SA to send instructions to your bank to debit your account.

You have the right to be reimbursed by your bank as per the conditions set out in the agreement you have reached with any refund request must be submitted within 8 weeks of the date your account is debited.

Name   
Name / first name of debtor(s)

E-mail

Address   
Street number and name  Town   
   
Postcode   
  
Country

The coordinates of your account   
Bank details (IBAN)  **Please provide a bank details form**

Name of creditor   
International Bank Identifier Code (BIC)   
AXA Assurances Vie Luxembourg,  
  
1, Place de l'Etoile L-1479 Luxembourg

Identification   
LU30ZZZ0000000006399002006

Type of payment   
Recurrent payment

Signed in  on   
Place Date

Signature(s)   
Signature in accordance with the identity card

Note:  
Your rights regarding this mandate are explained in a document that can be obtained from your bank.

<b>To be completed by the insurer or the AXA intermediary</b>	
Intermediary's name :	_____
Contract number :	_____
Name of policy :	_____
Policy holder's name :	_____
(if different from the the payer)	_____
Additional nformation :	_____