



SEPA - direct debit

By signing this form, you authorise AXA Assurances 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	<input type="text"/> Name / first name of debtor(s)	
E-mail	<input type="text"/>	
Address	<input type="text"/>	
	Street number and name	Town
	<input type="text"/>	<input type="text"/>
	Postcode	
	<input type="text"/>	
	Country	
The coordinates of your account	<input type="text"/>	
	Bank details (IBAN)	Please provide a bank details form
Name of creditor	<input type="text"/>	
	International Bank Identifier Code (BIC)	
	AXA Assurances Luxembourg, <input type="text"/> 1, Place de l'Etoile L-1479 Luxembourg	
Identification	<input type="text"/> LU13ZZZ0000000006399002021	
Type of payment	<input type="text"/> Recurrent payment	
Signed in	<input type="text"/>	on <input type="text"/>
	Place	Date
Signature(s)	<input type="text"/>	
	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.

To be completed by the insurer or the AXA intermediary

Intermediary's name : _____
Contract number : _____
Name of policy : _____
Policy holder's name : _____
(if different from the the payer) _____
Additional information : _____