

**A cumplimentar por el acreedor**  
To be completed by the creditor

Mandate reference

Creditor Identifier

**Dirección / Address:** **PASEO SANTA BÁRBARA S/N**

País / Country **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.

**Nombre del titular**  
(titular/es de la cuenta de cargo)

**Código postal - Población - Provincia / Postal Code - City - Town**[illegible][illegible]

**En España el IBAN consta de 24 posiciones comenzando siempre por ES**  
*Spanish IBAN of 24 positions always starting ES*

Type of payment



Recurrent payment

*O*

*or*



*One-off payment*

*Date - location in which you are signing*

*Signature of the debtor*

TODOS LOS CAMPOS HAN DE SER CUMPLIMENTADOS OBLIGATORIAMENTE.  
UNA VEZ FIRMADA ESTA ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA AL ACREEDOR PARA SU CUSTODIA.  
ALL GAPS ARE MANDATORY. ONCE THIS MANDATE HAS BEEN SIGNED MUST BE SENT TO CREDITOR FOR STORAGE.