Reserved to Precilens laboratory

SEPA DIRECT DEBIT MANDATE

Precilens
L'INNOVATION VISUELLE SUR MESURE

By signing this mandate form, you authorize the Precilens Laboratory to send instructions to your bank to debit your account, and you authorize your bank to debit your account in accordance with the instructions of the Precilens Laboratory.
You have the right to be reimbursed by your bank under the conditions described in the agreement you entered into with it.
A claim must be submitted:

- *within 8 weeks of the date your account was debited for an authorized drawdown,*
- *without delay and at the latest within 13 months in case of unauthorized withdrawal.*

(NB: Your rights regarding this mandate are explained in a document that you can obtain from your bank.)

***mandatory fields**

Identity of the debtor * : _____

Address * : _____
Street number and name

_____ _____
Zip code and city *Country*

Bank details * :

IBAN :

BIC :

Bank name : _____

Bank address : _____
Street number and name

_____ _____
Zip code and city *Country*

Payment Type:

☑ Recurring/repetitive

Contact details of the creditor:

Address : LABORATOIRE PRECILENS
25 rue Auguste Perret
94000 Créteil
FRANCE

ICS n°: FR63ZZZ454970

Signed in * : .....

On * : ..... / ..... / .....

Signature and stamp * :

This document must be returned with a bank details file