

SEPA - Direct Debit Mandate

Remittee's Name & address

Aurosan GmbH • Frankenstrasse 231 • D-45134 Essen • Germany

Remittee's identifier: DE67AUR00001475297

By signing this mandate form, you authorise Aurosan GmbH to send instructions to your bank to debit your account in accordance with the instructions from Aurosan GmbH.

If the SEPA - Direct Debit Mandate is rejected by the payer's bank, the payer's account will be charged with the costs, related to that rejection. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of the agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Please send this form signed via Fax to +49 201 21961-731 or via E-Mail to service@aurosan.de.

Payer

Name:

Address:

Postal Code, City:

Phone:

Fax:

E-Mail:

Payer's bank:

IBAN:

BIC:

VAT-ID:

Mandate reference (Customer ID):

Date, place, signature and stamp