

SEPA - Direct Debit Mandate

Creditor's Name & address

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

Creditor 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 debtors bank, the debtor'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 +49 201 506 58 152 or via E-Mail to service@aurosan.de.

Debitor

Name:

Address:

Postal Code, City:

Phone:

Fax:

E-Mail:

Debitor's bank:

IBAN:

BIC:

VAT-Code.:

Mandate reference (Customer ID):

Date, place, signature and stamp