

Declaration part 3

SEPA direct debit mandate of IKK gesund plus for recurring payments

Creditor identification number:

DE47 ZZZ0 0000 6933 52

Mandate reference number: will be provided separately

Please return the mandate's original to us.

Transmission by fax or e-mail shall not be valid.

Thank you.

I hereby authorise IKK gesund plus to collect payments from my account by direct debit.

At the same time, I hereby instruct my bank to pay the direct debits drawn on my account by IKK gesund plus.

Note: I can request my bank, within a period of eight weeks commencing on the debit date, to refund any payment collected by direct debit. The terms and conditions agreed with my bank shall apply.

This SEPA direct debit mandate is valid from

Name of payer's bank

BIC*

IBAN*

Surname, first name of account holder

Health insurance number

Address of account holder

Street

Number

Post code

Place

Only complete if account holder is other than payer:

This SEPA direct debit mandate is for the insurance of:

Surname, given name of the person insured

Health insurance number

I will notify IKK gesund plus of any change of details.

Place, date

Signature account holder