

Addendum IBAN change



Company information

RCS-number *

Statutory name as registered in the RCS *

Entity type *

Street *

Number & Addition *

Postal code *

City *

Country *

Billing

IBAN *

Must be a business account, this account will also be used for the SEPA direct debit

Please join a copy of an account statement, bank identity statement or other supporting document issued by the bank that maintains the beneficiary bank account

Signature

Customer

Every legal representative of the company that have a signing authority as defined in the RCS need to sign below

Payconiq International S.A.

Legally represented by

1. Signature, name, date

3. Signature, name, date

Stijn Van Brussel

2. Signature, name, date

4. Signature, name, date

Guido Vermeent

* Mandatory field

Payconiq International S.A. has its registered office at 9-11 rue Joseph Junck, L-1839 Luxembourg, and is registered in the Trade Register in Luxembourg under number B 169621. Payconiq International S.A. is a payment institution supervised by the Commission de Surveillance du Secteur Financier ("CSSF"), the financial regulator in the Grand Duchy of Luxembourg.

Addendum SEPA direct debit mandate



Mandate reference

Payconiq will share the mandate reference with the Client when available.

Mandate

Creditor's name	Payconiq International S.A.
Street name, number and addition	9-11 rue Joseph Junck
Postal code	L-1839
City	Luxembourg
Country	Luxembourg
Creditor identifier	NL88ZZZ666555520000
Type of payment	Recurrent payment

By signing this mandate form, you authorise (A) Payconiq International S.A. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Payconiq International S.A.

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 8 weeks starting from the date on which your account was debited.

Statutory name *

Street name, number and addition *

Postal code *

City *

Country *

Client by completing this Addendum SEPA direct debit mandate agrees that it authorizes Payconiq to change its details as contained herein in this Addendum. Client accepts that all the rights and obligations of the client under the Merchant Agreement remain in force.

Signature

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