



Dear client,

You wish to dispute one / several direct debit(s) received. Please fill in carefully the whole set of sections as well as appendixes to allow us to provide you with a quick reply to your request. A final notice is available at the end of this kit to help you to fill in it.

**Company name\***

\_\_\_\_\_

**Telephone number\*\*:** \_\_\_\_\_ **and/or e-mail address\*\*:** \_\_\_\_\_

**Address of company's headquarters:** \_\_\_\_\_

**Postal code:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**IBAN\***

\_\_\_\_\_

Please tick the box corresponding to your situation\*:

- YOU DISPUTE and DECLARE AT HONOR not having mandated the direct debit for the operation(s) mentioned in appendixes** → Please fill in Appendix 1\*

Please be aware that the Bank might file a lawsuit, if necessary.

This first page and the appendix concerning your situation must be sent, duly filled-in and signed, to your assigned Cash Management Client Service Officer by email. To ease the treatment of your request, please attach all requested documents. Your request will be processed only when the Bank has the whole set of requested information and documents.

Signature of account authorized representative # 1 (According to signature rights recorded at the Bank) **	Signature of account authorized representative # 2 (According to signature rights recorded at the Bank) **
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\* Compulsory data

\*\* Please fill in at least one of the requested data

**APPENDIX 1**

**We DISPUTE and DECLARE NOT HAVING MANDATED the direct debit for the operation(s) identified below in table “Details of direct debit”.**

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Company name\*

**WE DISPUTE and DECLARE AT HONOR NOT HAVING MANDATED the direct debit for the operation(s) identified below in table “Details of direct debit”.** In case of false declaration, please be aware that the Bank might file a lawsuit.

<b>DETAILS OF DIRECT DEBIT (1)</b>						
Date of the operation*	Creditor Family Name & Name or Company name*	ICS*	RUM*	Transaction reference as per bank account statement*	Currency*	Amount*
DD/MM/YYYY						

To ease the treatment of your request, please enclose all requested documents (if any) + any other written proof that can support your declaration.

Signature of account authorized representative # 1 (According to signature rights recorded at the Bank) **	Signature of account authorized representative # 2 (According to signature rights recorded at the Bank) **
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\* Compulsory data

\*\* Please fill in at least one of the requested data

**NOTICE**

- (1) It is possible to claim a reimbursement for several direct debits. In this case, please indicate in table "Details of direct debit" the whole set of claimed operations + reason of reimbursement claim for any of them.

*\* Compulsory data*

*\*\* Please fill in at least one of the requested data*