

Appendix 1 – Model SEPA mandate

SEPA INTER-COMPANY DIRECT DEBIT MANDATE

**You must sign this mandate and return it to us at the following address: hypercare@weavenn.com.
This mandate must also be sent to your bank.**

By signing this mandate form, you authorise Weavenn to send instructions to your bank to debit your account, and your bank to debit your account in accordance with Weavenn's instructions. This mandate is for SEPA direct debits between companies. You are not entitled to ask your bank to refund a SEPA Direct Debit once the amount has been debited from your account. However, you can ask your bank not to debit your account until the due date.

Unique Mandate Reference (RUM) or Unique authorisation reference									
Number									
Identity of debtor / Account holder									
Company registration number (SIREN)									
Legal form									
Surname / First name or Company name									
Address	Number, type and name of road								
	Postcode and town								
	Country								
IBAN									
Bank Identifier Code (BIC)									
Creditor									
Name and address	Weavenn 7, Allée de l'Arche, 92400 Courbevoie								
SEPA Creditor Identifier	FR34 ZZZ89B4CB								
Type of payment	Recurring								
Done at				The				__/__/____	
Please sign									
Signature of the debtor					Signature of the creditor				
<p><i>The information contained in this mandate is for the sole use of Weavenn. It may give rise to the debtor/payer exercising his/her rights of opposition, access and rectification as provided for in articles 38 et seq. of law no. 78-17 of 6 January 1978 relating to information technology, files and civil liberties.</i></p>									