SEPA Direct Debit Mandate

(Recurrent Payments)

DGHO
DEUTSCHE GESELLSCHAFT FÜR
HÄMATOLOGIE UND MEDIZINISCHE ONKOLOGIE

Creditor:
DGHO e.V., Alexanderplatz 1, 10178 Berlin, Germany, Creditor identifier: DE44ZZZ00000489415
Telefax: +49 (0)30 27876089-18, E-Mail: onkopedia@dgho.de

Please fill in the form readable.

Mandate reference (=membership number)

Title, Name, Surname

Institution

Street name and number

Postal code and city, Country

Name of the account holder

SWIFT-BIC **Name of the Bank**

__ __ __ __|__ __ __ __|__ __ __ __|__ __ __ __ |__ __ __ __|__ __ __ __
Account number-IBAN

By signing this mandate form, you authorise DGHO e.V. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from DGHO e.V.

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.

Before the first debit DGHO e. V. will give me some further information.

Location, Date **Signature of the account holder**