

Apothekerversorgung
Schleswig-Holstein
Düsternbrooker Weg 75
24105 Kiel, Germany

Telefax
0431 - 579 35 60

VAT-no: DE79ZZZ00000245897

SEPA DIRECT DEBIT INSTRUCTION

EMPLOYER REGISTRATION NO.:											
NAME											
MEMBERSHIP NO.::						MEMBERSHIP NO.::					
DIRECT DEBIT REFERENCE::											
<i>Pension contribution</i>											
DIRECT DEBIT REFERENCE::											
I hereby authorise the Apothekerversorgung Schleswig-Holstein (Pharmacists' Pension Fund of Schleswig-Holstein) to collect payments in the amount of my employer's pension contribution notifications when they fall due (on the tenth banking day of the following month) from my account detailed below:											
BANK ACCOUNT INFORMATION											
ACCOUNT NO.:						SORT CODE::					
D E											
IBAN:											
BIC:											
BANK:											
FROM (DATE):						FROM (DATE):					

by means of a SEPA direct debit instruction.

I can request that the amount be refunded within eight weeks of the date on which it was debited. The terms and conditions agreed with my bank apply.

The Apothekerversorgung Schleswig-Holstein will be notified without undue delay of any changes to the bank account details.

SIGNATURE/STAMP											
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TOWN OR CITY/DATE

SIGNATURE/STAMP