

Apothekerversorgung
Schleswig-Holstein
Düsternbrooker Weg 75
24105 Kiel, Germany

Fax
0431 - 579 35 60

VAT no.: DE79ZZZ00000245897

SEPA DIRECT DEBIT INSTRUCTION

<input type="text"/>	
NAME	
<input type="text"/>	<input type="text"/>
MEMBERSHIP NO.:	
<i>Pension contribution</i>	
DIRECT DEBIT REFERENCE:	
<p>I hereby revocably authorise the Apothekerversorgung Schleswig-Holstein (Pharmacists' Pension Fund of Schleswig-Holstein) to collect the respective maximum contribution/the contribution arising from the actual share in profits when it falls due (on the tenth banking day of the following month) from my account detailed below:</p>	
BANK ACCOUNT	
<input type="text"/>	<input type="text"/>
ACCOUNT NO.:	SORT CODE:
<input type="text"/>	
IBAN:	
<input type="text"/>	
BIC:	
<input type="text"/>	
BANK:	
<input type="text"/>	
FROM (DATE):	

by means of a SEPA direct debit instruction.

If there are insufficient funds in my account, the institution at which my account is held (please see above) is not required to honour the payment.

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

<input type="text"/>	<input type="text"/>
TOWN OR CITY/DATE	SIGNATURE/STAMP