

SEPA direct Debit Mandate

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Mandate reference - to be completed by the creditor



Lisboa (Central): Rua de Dona Estefânia, n.º 84 A
1000-158 Lisboa - PORTUGAL
Tel.: 210 402 440 Fax: 210 402 448 E-mail: central.portugal@masterd.pt

*By signing this mandate form, you authorise Master Distância - Formação Profissional, Unipessoal, Lda. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from Master Distância - Formação Profissional, Unipessoal, Lda. 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. Your rights are explained in a statement that you can obtain from your bank. Please complete all the fields marked *. Fields marked with ** must be completed by Master Distância - Formação Profissional, Unipessoal, Lda.*

Creditor identification

****Código Postal/Postal code: 1000 - 158 **Cidade/City: Lisboa **País/Country: Portugal**

Debtor identification

País/Country PORTUGAL

P	T	5	0	0	0	3	3	0	0	0	0	4	5	6	6	0	0	0	0	9	2	4	0	5
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[illegible]

Type of payment

City or town in wich you are signing

Localidade/*Location*

Please sign here

*Assinatura(s)/Signature(s)

Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

