

Email: <u>ieallcreditservices@hilti.com</u> T +353 1800 287 387 F +353 1800 654 600

Creditor Name: Credit Identifier Number: SEPA Mandate Reference:

Hilti Fastening Systems Limited IE50354305652 Will be communicated separately.

## SEPA – Direct Debit Mandate

Note: By signing this mandate form, you authorise (A) the Creditor to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Creditor. 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.

> TYPE OF PAYMENT: 
recurrent or 
one-off

Hilti Customer	Numbei	r <u>:</u>				_	
Account Holde	r						
Street and Stre	et Num	ber:					
Postcode and	City/Tov	vn					
						BIC:	
Financial Instit	ution (N	lame and	d BIC)				
IBAN: IE	1	1	1	1	1		
Printed Name							

Place, Date and Signature

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