	SEPA Direct Debit Mandate																								
				Ma	Indate	refere	ence –	to be	com	pleted	by the	e cred	itor							1	_				
By signing this mandate form	/ou autho	rise (A)	SPI Sc											tod	ehit	VOUI	r acc	ount	and	I (B)	VOU	r hai	nk to	deh	it
By signing this mandate form, you authorise (A) SPI Software SAS to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from SPI Software SAS. 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. Please complete all the fields marked *.																									
Your name	*																								
Your address	Name c	of the debt	or(s)	1	1	1			l			l						1	l		1	1	1	1	
	1 1	ame and	number			<u>. </u>																			
	* Postal d	code					City																<u> </u>		
Your account number	*																								
	Country *	/ 		1]			
	1 1	t number ·	- IBAN	1	1	1		1	1	1															
	* SWIFT	BIC								l															
Creditor's name		ΡI	S	0	F	Т	W	А	R	Е		S	А	S											
	Creditor * F		5 Z	Z	Z	5	8	7	9	4	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		r identifier 3 3		V	ΙE	N	U	E	1	D	Е	1	R	0	D	Е	Z	I	1	l	I	1	I	I	1 1
	Street n	ame and	number																	1					
	* 1 Postal d	2 4	5 0		L	U	C City		L	A		Р	R	I	Μ	A	U	В	E						
	* F	R A	N C	E																					
Turne of neuropet	Country						0	"			_														
Type of payment City or town in which you are	" Recu	irrent payı	ment		or	Ì	One-c	оп рау	/ment			1	1				i	Ì	Ì	i	Í	Í	Í		
signing	Location	n				<u> </u>								,	DMMY	(Y) *									
		Location Date Signature(s)																							
Please sign here	*	11010(0)																							
Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.																									
Details regarding the underlying	g relations	ship bet	ween t	he Cr	edito	or and	d the	Del	btor	- for	infor	mati	on p	urpo	ses	only		ī		1	i	i		i	
Debtor identification code	Write ar	ny code ni	umber hei	re whic	h vou	wish te	n have	e auot	ed by	vour h	nank														
Person on whose behalf payment is made								quot			, anna														
	(e.g. wh	of the Debi nere you a	re paying	the oth	er pei	rson's	bill) pl	ing a ease	paym write t	ent in the oth	respe ier pe	ect of a rson's	an arra name	angen e here	ent be	etwee	n {NA	ME O	F CRI	EDITO	DR} a	nd an	other	persor	ז
	If you a	re paying	on your o	wn ben	alt, lea	ave bla	апк.																		
	Identific	ation code	e of the D	ebtor R	eferer	nce Pa	rty		I			I					I	I	I		I	1	I	I	1 1
In respect of the contract	Name o	of the Crec	litor Refer	rence F	arty: (Credito	or mus	t com	plete	this se	ction	if colle	ecting	paym	ent or	n beha	alf of a	nothe	r part	<i>v</i> .		1			
	Identific	ation code	e of the C	reditor	Refere	ence F	Party																		
	Identific	ation num	nber of the	unden	ying c	contrac	rt														L				
	Descrip	tion of the	contract																						
Please return to									(Crea	lito	r's	use	on	ly										