



SEPA European direct debit request

Creditor : SMA Neutra
Creditor number : BE66NEU04720203117
Company number : 0472.020.311
Purpose of the mandate : Premiums owed by the debtor for insurance provided by the creditor.
Type of collection : Recurring (can be used multiple times)

Policyholder details

I, the undersigned,
Last name :
First name :
National number :
(if not available, enter date of birth)
Street :
Number : Box : Zip code :
City :
Country :
Bank account number :
BIC (mandatory for foreign accounts) :
Frequency (if not specified, payments will be made monthly) :
 Monthly Quarterly Half-yearly Annually
For* :
 Neutra hospital insurance, policy number
 Dentalis dental insurance, policy number

I am aware that this mandate applies to all insured parties under the above-mentioned policy/policies.

Done at , on Signature

By signing this mandate form, you authorize:

- (a) The Neutra Mutual Insurance Company to send instructions to your bank to debit your account.
- (b) Your bank to debit your account in accordance with the instructions of Société Mutualiste d'Assurances Neutra.

You are entitled to a refund from your bank under the terms and conditions set out in your agreement with them. Any refund requests must be submitted within 8 weeks of the date your account was debited. Your bank can provide you with information about your rights in relation to this mandate.

Personal data processed by SMA Neutra is processed in accordance with the requirements of Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. If you have any questions about this regulation, please contact the SMA Data Protection Officer by telephone on 04.254.58.91, by email at protection_donnees@neutrassur.be or by post at Rue de Joie 5, 4000 Liège. SMA Neutra's Personal Data Protection Statement can be consulted on its website at <https://www.neurahospi.be/>.