

# Mandate for a Recurrent Direct Debit S€PA

## Creditor's details

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Name	OOM Holding N.V.
Address	PO Box 3036
Postcode and city	2280 GA Rijswijk
Country	The Netherlands
CreditorID	NL46ZZZ271941930000
Mandate reference	Policynumber
Reason for payment	insurance with OOM Verzekeringen

## By signing this mandate form you authorise:

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- **OOM Holding N.V.**  
to send instructions to your bank to debit your account on a recurrent basis, for payments due.
- **your bank**  
to debit your account on a recurrent basis, in accordance with the instructions from OOM Holding N.V.

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. Ask your bank for the conditions.

## How do I submit the mandate?

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You can send the mandate form to us in one of the following ways:

**By email:** fill out the mandate online or scan the signed mandate and send it to: [info@oomverzekeringen.nl](mailto:info@oomverzekeringen.nl)

**Free of charge by post in the Netherlands:** Antwoordnummer 10231, 2280 WB RIJSWIJK

**Postage paid from abroad:** PO Box 3036, 2280 GA RIJSWIJK, The Netherlands

**By fax:** +31 (0)70 360 18 73

## Account holder's details

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Policynumber .....  
Surname and initials .....  
Address .....  
Postcode and city .....  
Country .....  
Account number (IBAN) .....  
BIC (for non-Dutch bank account) .....  
Place and date .....

Yes I agree

Signature of account holder:

(if you scan or send the mandate by post)