SEPA Direct Debit Mandate

Creditor company name: FREEXIAN
Creditor identifier: FR54ZZZ655631
Creditor address: 7 B RUE DE LA MONTAT, 42290 SORBIERS, FRANCE

Unique mandate reference: *
Type of payment: Recurrent payment

* Reserved to Freexian. Will be communicated to you after signature.

By signing this mandate form, you authorize (A) FREEXIAN SARL to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from FREEXIAN SARL.

You have the right to request a refund from your bank according to the conditions specified in your agreement with it. All refund requests must be submitted within eight weeks of the date on which your account was debited.

The undersigned,

Company information	
Debtor's name: *(Company name)*	
Address:	
Postal code:	
City:	
Country:	
Bank account	
Account number — IBAN:	
Bank Identifier Code — SWIFT BIC:	
Signature	
Location:	
Date of signature:	
Name and quality of the authorized signatory:	
Signature:	

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

Please return the document to sales@freexian.com.