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## SEPA Direct Debit Mandate

Mandate reference (to be completed by the creditor):

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**Zahlungsempfänger** Oesterreichische Kontrollbank AG  
Am Hof 4  
1010 Wien

**Creditor-ID** AT44ZZZ00000005158

By signing this mandate form, you authorise **Oesterreichische Kontrollbank AG**, to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from **Oesterreichische Kontrollbank AG**.

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.

### Debtor

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Name

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Street name and number

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Postal Code and City

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Country

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Contact person

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Title

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First name

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Surname

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Email Address

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IBAN

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BIC

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Location and Date

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Authorised signature of the account holder