

Authorisation for SEPA direct debit mandate

1 Personal details

Name

Maiden name
if applicable

First name

Street, no.

Postcode,
town

Telephone ¹⁾ -

¹⁾ Providing a telephone number is voluntary.

2 Authorisation for SEPA direct debit mandate

hkk creditor identification number: DE51ZZZ00000507816

Mandate reference number will be sent separately

The SEPA direct debit mandate is valid from:

I authorise hkk to collect my payments from my account via direct debit. I also instruct my bank to honour the direct debits drawn on my account by hkk.

N.B.:

I can submit a claim within eight weeks, commencing on the charge date, to have the charged amount refunded.

The agreed terms and conditions of my bank apply.

This SEPA direct debit mandate applies to the amounts due from the person named under 1.

Bank (name)

BIC:

IBAN:

Place, date

Signature of policyholder

If your premiums are taken from an account that is NOT yours, then please give us:

First and last name of the account holder

Address of account holder

Place, date

Signature of account holder

N.B.: Your data will be processed in accordance with Art. 6 GDPR and section 284 SGB V (Social Security Code V) for health insurance purposes and section 94 SGB XI (Social Security Code XI) for nursing care insurance purposes.