

### Creditor company

move neuro e. V.  
Dr. Fereshte Adib Saberi  
Brahmsallee 21, D-20144 Hamburg

**Creditor's identifier:** DE25MNV00002667213

**Mandate Reference (to be completed by creditor)**

By signing this mandate form, I / we authorise move neuro e.V. to send instructions to my / our bank to debit my /our account and my/ our bank to debit my / our account in accordance with the instructions from move neuro e.V. for payments for the contribution for ordinary and supporting memberships with and agreed donations.

**Note:** As part of my /our rights, I / we am / are entitled to a refund from my /our bank under the terms and conditions of my /our agreement with my /our bank. A refund must be claimed within 8 weeks starting from the date on which my /our account was debited.

**Name of the debtor(s), if different from the account holder**

**Name of the debtor(s) (account holder)**

**debtor(s)' address (account holder)**

**Street name and number**

**Postal code, city and country**

**My /our account (Name and BIC code)**

**my /our account number (IBAN)**

**Location**

**Date**

**Signature(s) (account holder)**

Prior to the first collection of a SEP A direct debit, the payee (name see above) will inform me/us about the collection using this method.