**AMENDMENTS / ADDITIONAL OPTIONS OF SEPA DIRECT DEBITS**

Date: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

To

The Cyprus Development Bank Public Company Ltd (“the Bank”)

|  |  |
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| **Α. APPLICANT-ACCOUNT OWNER INFORMATION** | |
| **Name:** | |
| **Identity Card/Passport/**  **Registration No.:** | **CIF Account Owner Νο.:** |

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| --- |
| **Β. AMENDMENT/ADDITIONAL OPTIONS** |
| **(Ι)** Block Account to all SEPA Direct Debits (complete B.1)  **(ΙΙ)** Unblock Account to all SEPA Direct Debits (complete B.2)  **(ΙΙΙ)** Debit Limit (complete B.3) \*  **(IV)** Frequency/Periodicity(complete B.4) \*  **(V)** Negative Catalogue of Beneficiaries-Creditors (complete B.5) \*\*  *\* Instructions for Debit Limit or Frequency Limit means that you request the Bank to limit your mandate by amount or frequency.  By setting up a limit on a direct debit mandate you are agreeing that direct debit transactions drawn against the specified mandate will only be paid up to the specified limit amount and that transactions in excess of this limit will be returned unpaid in full. By setting up a frequency limit on a direct debit mandate you are agreeing that you never want to pay a direct debit for more than that frequency e.g. if you set up a monthly frequency limit it means that you only want to pay by direct debit a maximum of once a month for this mandate. Any other direct debit received during the month will be returned unpaid in full. Any direct debit transaction that exceeds the limit amount or frequency requested for a specified mandate will be rejected in full.*  \*\* *Instructions for Negative Catalogue of Beneficiaries-Creditors means that you request the Bank to set up a Negative Catalogue on your behalf. By setting up a Creditor Negative Catalogue means that you want to specify all the Creditors from whom you will reject direct debits. If you set up a Negative Catalogue it also means that direct debits from all Creditors not on the catalogue are automatically accepted.* |

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| **Β.1 BLOCK ACCOUNT TO ALL SEPA DIRECT DEBITS** | | |
| Until the revocation of the present instruction, by blocking my/our below account(s) to all SEPA Direct Debits, I/we authorize the Bank not to process any SEPA Direct Debit. | | |
|  |  | **IBAN of the account(s)** |
| For all my/our existing account(s) and any account(s) that will be opened  in the future | For specific account(s): |  |

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| --- | --- | --- |
| **Β.2 UNBLOCK ACCOUNT TO ALL SEPA DIRECT DEBITS** | | |
| With the said instruction, I/we revoke the blocking of my/our below account(s) to all SEPA Direct Debits and I/we authorise the Bank to process all SEPA Direct Debits from my/our below account(s). | | |
|  |  | **IBAN of the account(s)** |
| For all my/our account(s) | For specific account(s): |  |

| **Β.3 DEBIT LIMIT** | | |
| --- | --- | --- |
| I/We wish the: **addition** **removal**  of maximum debit limit as follows: | | |
| **Name and Creditor ID of Beneficiary-Creditor** | **Mandate Reference** | **Maximum Debit Limit** |
|  |  | ***€*** |
|  |  | ***€*** |
|  |  | ***€*** |
|  |  | ***€*** |
|  |  | ***€*** |

| **Β.4 FREQUENCY / PERIODICITY** | | |
| --- | --- | --- |
| I/We wish the: **addition** **change removal**  of frequency/periodicity as follows: | | |
| **Name and Creditor ID of Beneficiary-Creditor** | **Mandate Reference** | **Frequency *(\*)*** |
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| *(\*) Weekly, Montly, Quarterly, Annually* | | |

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| **Β.5 NEGATIVE CATALOGUE OF BENEFICIARIES-CREDITORS** | |
| I/We wish the: **addition** **removal**  to/from the Negative Catalogue of the below Beneficiaries-Creditors of the SEPA Direct Debits system. If such a catalogue is established, the Bank will process SEPA Direct Debits only if the specific Beneficiary-Creditor is **NOT INCLUDED** in the Catalogue. SEPA Direct Debit payments for Beneficiaries-Creditors **within the Catalogue**, will be rejected by the Bank. | |
| **Name of Beneficiary-Creditor** | **Creditor ID of Beneficiary-Creditor** |
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| **C. SIGNATURES** |
| --- |
| …………………………………….…… …………………………  Applicant-Account Owner Signature Date |

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| --- | --- |
| **FOR BANK’S INTERNAL USE** | |
| Input by: |  |
| Name: ................................................................................................ | Date: …………………… |
| Signature: ……………………………………………. |  |
| Checked by: |  |
| Name: ................................................................................................ | Date: …………………… |
| Signature: ……………………………………………. |  |