

## Customer is a physical person

First and last name: .....

Male

Female

Job title: .....

*(referred to hereinafter as "Customer")*

Unique enterprise number (UEN): .....

VAT system:

VAT registered

Not registered

Registered office (or address, in case of a physical person):

Street/number/box: .....

Postcode and city/country: .....

Building/place/floor: .....

## Customer is a legal entity

Company name and legal entity: .....

Validly represented by: .....

Job title: .....

*(referred to hereinafter as "Customer")*

## Contact person:

Name and job title: .....

Language:

English

Dutch

French

Telephone number: .....

E-mail: .....

## Billing

Account number to be debited (IBAN): .....

Invoice address: fill in data hereunder only if different from above-mentioned Customer's registered office / address

Street/number/box: .....

Postcode and city/country: .....

Building/place/floor: .....

You prefer to receive invoices via:

Zoomit

E-mail\*

Peppol

Paper (3,90 €/invoice)

Contact person of invoices: .....

\*E-mail: .....

Telephone number: .....

Language :

English

Dutch

French

## Add Users

Please fill in one "Add User" form per User to be added to a Multibanking subscription.

## Legal notice

Multibanking is provided by Isabel N.V./S.A., whose registered office is located at B-1000 Brussels, Keizerinlaan 13-15 Bd de l'Impératrice, RPR Brussels BE 0455.530.509, hereinafter referred to as "Isabel".

By signing the present Subscription Application Form (hereinafter: "SAF"), the Customer confirms that:

1. It applies for a Multibanking subscription for a period of at least one (1) year in the framework of its professional activities and will make use of it for professional purposes exclusively.
2. It has received (via the bank recording the subscription and/or via the website [www.isabel.eu](http://www.isabel.eu)), read and accepted the following contractual documents, listed in order of priority:
  - the present SAF;
  - the "Add a User to a Multibanking Subscription" form;
  - Isabel's Certificate Policies;
  - the Special Terms and Conditions relating to Multibanking;
  - the General Terms and Conditions relating to Isabel Products;
  - the Rate Card "Multibanking – Customer"
3. It is aware that in order to be able to benefit from a subscription to Multibanking, it must:
  - properly fill in i) the present SAF and ii) the "Add a User to a Multibanking Subscription" form for each User to be added to the Multibanking subscription and provide it back - signed by a legally authorized representative - to Isabel N.V./S.A.
  - properly fill in the SEPA Direct Debit Mandate that will be sent to her/ him and provide it back - signed by a legally authorized representative - to Isabel N.V./S.A.

Executed on: .....

Signature of a legally authorized representative:

Name : .....

Please send the signed document back to [customercare@isabel.eu](mailto:customercare@isabel.eu)

## Client information

Company name: .....

Multibanking Subscription id: 5 -

Unique enterprise number (UEN) or VAT number: .....

## User information (in capital letters)

Type of card:                      Physical person card                      Function card

A function card differs from a physical person Isabel SmartCard in that it does not have a personal user name printed on the card. Instead it will have a departmental name printed on the card e.g. "Accountancy". Function cards cannot be granted signing rights.

First and last name: .....

Job title or department name (appears on the function card): .....

Identity card number: .....                      Date of Birth: .....

Language :                      English                      Dutch                      French

The user has a Belgian eID or E(+) card and knows his/her PIN code\*:

Yes (Activation of the SmartCard with eID or E(+) card > Delivery time: 3 to 5 working days)

No (Activation of the SmartCard with temporary PIN > Delivery time: 5 to 7 working days)

A free Isabel SmartCard reader will be sent to your delivery address.

## Delivery address and contact information of the user (in capital letters)

Street/number/box: .....

Postcode and city/country: .....

Building/place/floor: .....

Phone number: .....

E-mail: .....

Please sign this document and send it back **with a copy of the front of the eID of the user** to [customercare@isabel.eu](mailto:customercare@isabel.eu).

Executed on: .....

Signature of a legally authorized representative:

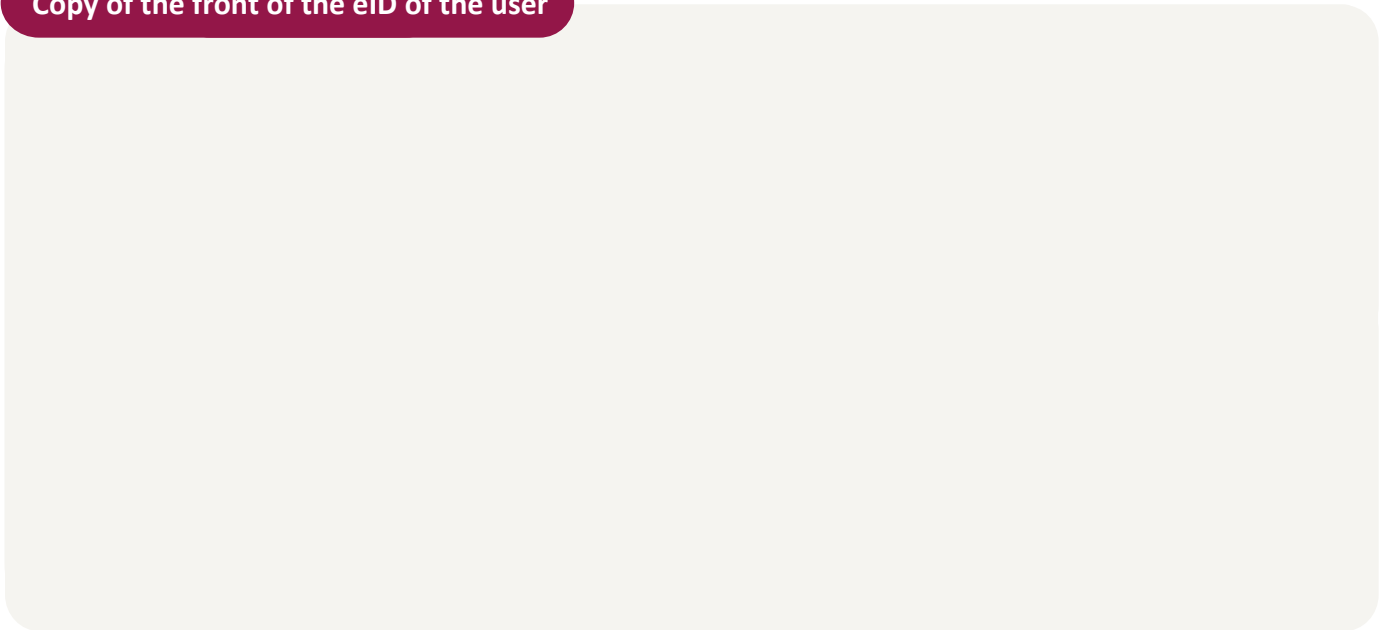
Name : .....

This digital signature must be qualified by means of a qualified certificate. For example: signature with a Belgian eID.

*(\*) - Please note that activation with eID is only possible for holders of a Belgian eID or an E(+) card. If you do not have a Belgian eID or an E(+) card, the activation of your Isabel SmartCard has to be done with a temporary pin code that you will receive by post. If you do not know the PIN code of your identity card, you can also contact your town hall to request a new code.*

*- The indicated delivery time corresponds to the standard delivery time for Belgium. For deliveries abroad this can take a few days longer.*

Copy of the front of the eID of the user



## Details of the mandate

Mandate reference*	<input type="text"/>
Type	<input checked="" type="checkbox"/> Recurrent payment <input type="checkbox"/> One-off payment

\* fields to be completed by Isabel NV/SA.

By signing this mandate form, you authorize:

- the creditor with ID number BE55ZZZ0455530509 (namely Isabel NV/SA) to send instructions to the bank referred to below ("your bank") to debit an amount from the account mentioned below ("your account") and,
- your bank to debit your account in accordance with the instructions from the creditor with ID number BE55ZZZ0455530509

You are entitled to a refund of the amounts debited from your account based on a European direct debit agreement, under the terms and conditions of your agreement with your bank. A refund must be claimed within eight (8) weeks from the date on which your account was debited.

Debtor name	.....
Unique enterprise number (UEN) or VAT number	.....
Subscription-ID Multibanking:	5 - <input type="text"/>
Address	..... ..... .....
IBAN	.....
BIC	.....
Identification number of the underlying contract between debtor and creditor*	<input type="text"/>

\* fields to be completed by Isabel NV/SA.

### Important

**Pre-notification SDD: You will be informed by Isabel NV/SA of the debit of your account linked to this mandate ten (10) days before the direct debit via the invoices that Isabel SA will send you.**

Executed on: .....

Signed by: .....