



# Adaptation of Customer information in the Isabel 6 contract

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

Isabel 6 subscription-ID: 5-

VAT or entreprise number: .....

*\* Please add a copy of the front of the ID of the signer(s) in case of a change of VAT or entreprise number.*

### New Customer information

Company name and legal entity: .....

Validly represented by: .....

Job title: .....

New VAT or entreprise number: .....

*\* If your VAT or entreprise number changes, take into account the loss of your historic data in the online applications of the Belgian government.*

VAT system:                      VAT registered                      Not registered

Street/number/box: .....

Postcode and city/country: .....

Building/place/floor: .....

### Contact person for Isabel 6:

Name and job title: .....

Language:                      English                      French                      Dutch

Telephone number: .....

E-mail: .....

Receive invoices:                      Zoomit                      E-mail\*                      Paper (€ 3,6/invoice)

Contact person for invoices: .....

\*E-mail: .....

Telephone number: .....

Language:                      English                      French                      Dutch

Executed in .....(city) on .....(date)

Signature of a legally authorised representative:

Name:

Function:

By signing this mandate form, you authorize:

1. 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,
2. 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 starting from the date on which your account was debited.

**To be filled in by customer**

Type of payment:  Recurrent  One-off

Name of the debtor: .....

Street/number/box: .....

Postal code/city/country: .....

VAT number: .....

Account number IBAN: .....

SWIFT/BIC: .....

Isabel 6 user ID: 5 - - -

**Important**

- Pre-notification SDD: You will be informed by Isabel SA of the debit of your account linked to the present mandate ten days before the direct debit, via the invoices that Isabel SA will address you.
- Your Isabel 6 subscription will only enter into force as soon as the present original mandate, completed and signed, is received by Isabel SA

**To be filled in by Isabel NV/SA**

Mandate reference: .....

Identification number of contract .....  
(between debtor – creditor)

Executed in ..... (city) on ..... (date)

Signature of a legally authorised representative:

Name:

Function: