

ANNEX 1

SWITCHING SERVICE

Authorisation to be signed by the client(s) and to return to the new bank

The undersigned,

| | | | |
|--------------|----|--------------|----|
| Mrs | Mr | Mrs | Mr |
| Name | | Name | |
| First name | | First name | |
| Born on | | Born on | |
| At | | At | |
| Domiciled at | | Domiciled at | |

account holder(s): (IBAN code) at the bank:

..... would like to switch his/their bank account to:

..... account number: (IBAN code)

For this purpose, the undersigned, authorise(s) and instruct(s) the new bank and the old bank to carry out the following tasks:

1. Within 2 bank business days from the receipt of the authorisation, the new bank shall request the old bank to transmit within 5 bank business days:

(Please tick the services requested)

A / a list of standing orders

the list will be transmitted to the undersigned

B / a list of available information about recurring incoming credit transfers in the previous 13 months

the list will be transmitted to the undersigned

C / a list of available information on direct debit mandates

the list will be transmitted to the undersigned

D / a list of available information on direct debits initiated by creditors in the previous 13 months

the list will be transmitted to the undersigned

2. Upon receipt of the request of the new bank, the old bank:

- A / stops accepting requests for the collection of direct debits with effect from
(at least 13 bank business days from the signature of the authorisation)
- B / stops accepting incoming credit transfers with effect from the date of closure of the account
- C / cancels standing orders with effect from (at least 13 bank business days from the signature
of the authorisation)
- D / transfers any remaining positive balance to the new payment account
(IBAN code) with effect from (at least 13 bank business days from the signature of the authorisation)
- E / closes the payment account n° (IBAN Code) of the undersigned with effect
from (at least 13 bank business days from the signature of the authorisation)

3. Within 5 bank business days of receipt of the information from the old bank, the new bank:

- A / sets up and executes the standing orders with effect from (at least 13 bank business days from the signature
of the authorisation)
- B / makes any necessary preparations to accept direct debits with effect from (at least 13 bank business days
from the signature of the authorisation)
- C / informs payers making recurring incoming credit transfers of the account details of the undersigned and transmits a copy
of the authorisation (annex n°1d)
- D / informs payees using direct debits to collect funds, the new contact details of the undersigned, as well as a copy of the
authorisation (annex n°1c)
- E / the undersigned inform(s) the payers and payees. In this case the new bank transmits the model letters (annex n°3 & 4)
to the undersigned

4. If the undersigned would like to transmit some standing orders and/or some direct debits to the new bank, he/they has/have to complete and sign annex n°1b, and to transmit it as quick as possible to the new bank and to the old bank, with a copy of the present authorisation.

Done at, ON

.....
Signature of the client(s)

ANNEX 1 A AUTHORISATION

To be signed by the new bank and to send to the old bank together with annex 1

Place Date

Old bank

Name

Address

Mrs / Mr (Name of the contact person)

Subject: switching bank account

Please note that our client

Name

Address

Account number (IBAN Code)

Has instructed us to initiate the bank switching procedure as provided by the law of 13 June 2017 on payment accounts.

You will find attached the authorisation of the client and we would like to ask you to carry out the tasks defined in the authorisation and to return the information listed there to:

New bank

Name

Address

Mrs / Mr (Name of the contact person)

Yours sincerely,

Done at, on

.....

Signature

ANNEX 1 B

AUTHORISATION

To be signed by the client(s) and to send by the client(s) to the new bank and the old bank including annex 1

1. The following standing orders have to be cancelled by the old bank and have to be put in place and executed by the new bank:

2. The following requests of direct debits collection will no longer be accepted by the old bank and will be accepted by the new bank:

3. The new bank informs the following payers of my/our new contact details:

4. The new bank informs the following payees of my/our new contact details:

Done at, on

.....
Signature of the client(s)

ANNEX 1 C

AUTHORISATION

To be signed by the client(s) – To be send by the new bank to the concerned payers

The undersigned,

| | | | |
|--------------|----|--------------|----|
| Mrs | Mr | Mrs | Mr |
| Name | | Name | |
| First name | | First name | |
| Born on | | Born on | |
| At | | At | |
| Domiciled at | | Domiciled at | |

account holder(s): (IBAN Code) at the bank:

..... would like to switch to the bank:

..... Account number: (IBAN Code)

For this purpose, the client(s) authorise(s) and instruct(s) the: to inform you to collect your direct debits related to your direct debit mandates n° with effect from
(at least 13 bank business days from the signature of the authorisation).

Done at, on

.....
Signature of the client(s)

ANNEX 1 D

AUTHORISATION

To be signed by the client(s) – To be send by the new bank to the concerned payers

The undersigned,

| | | | |
|--------------|----|--------------|----|
| Mrs | Mr | Mrs | Mr |
| Name | | Name | |
| First name | | First name | |
| Born on | | Born on | |
| At | | At | |
| Domiciled at | | Domiciled at | |

account holder(s): (IBAN Code) at the bank:

..... would like to switch to the bank:

..... Account number: (IBAN Code)

For this purpose, the client(s) authorise(s) and instruct(s) the: to inform you to transfer any amount due with effect from to its /their new account.

Done at, on

.....
Signature of the client(s)

ANNEX 2

RECURRING INCOMING PAYMENTS ON A PAYMENT ACCOUNT

(non exhaustive list)

Salary / pension

Rent received

Healthcare refunds

Complementary health insurance

Family allowances

Dividends, coupons received

Interests received (example: time deposit account without interest capitalisation)

Tax refunds

ANNEX 3

STANDARD LETTER

Communicating new bank account details for incoming payments (salary, pension, allowances, etc.)

Name, first name, address, phone number

Name and address of the institute recipient

Place, date

Subject: Change of bank account details

Dear Sir / Dear Madam,

Please note that my bank account details have changed:

.....
Account number: (IBAN Code)

My new bank account details are as follows:

.....
Account number: (IBAN Code)

Please use this account to transfer any amount due with effect from

Yours sincerely,

.....
Signature

ANNEX 4

STANDARD LETTER

Transferring direct debits to a new account (electricity bills, telephone, taxes etc.)

Name, first name, address, phone number

Name and address of the institute recipient

Place, date

Subject: Change of bank account details

Dear Sir/Dear Madam,

Please note that my bank account details have changed:

.....

Account number: (IBAN Code)

My new bank account details are as follows:

.....

Account number: (IBAN Code)

I kindly ask you to debit this bank account for your direct debit collections related to direct debits

mandate(s) number with effect from

(at least 13 bank business days from the signature of the authorisation)..

Yours sincerely,

.....
Signature

ANNEX 5

STANDARD LETTER

Account closure request

Name, first name, address, phone number

Name and address of the institute recipient

Place, date

Subject: Request for the closure of the payment account

Dear Sir/Dear Madam,

I hereby kindly ask you to close my payment account:

Account number: (IBAN Code) and transfer any outstanding balance on

my account: (name of the new bank)

Account number: (IBAN Code)

Yours sincerely,

.....

Signature