

SEPA Direct Debit Mandate

Name of Creditor Robert Bosch GmbH, Automotive Aftermarket Karlsruhe	
Street name and number Auf der Breit 4	
Postal code / City 76227 Karlsruhe	Country Germany
Mandate Reference (announced separately) 2500-	Identifier of the Creditor DE73ZZZ00000039298
Type of Payment Recurrent Payment	

By signing this mandate form, you authorise (A) Robert Bosch GmbH to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Robert Bosch GmbH.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Debtor's account number at Robert Bosch GmbH, Automotive Aftermarket (optional)	
Name of debtor(s)	
Street name and number	
Postal code and city/town	Country
FAX number (required for direct debit pre-notification)	E-Mail (required for direct debit pre-notification)
BIC	IBAN account number

date (MM.DD.YYYY)	Signature/Stamp of debtor(s)
city/town	