

CVA Technology Co.Ltd. 83, Triq L'Ghassara Ta' L-Gheneb, Marsa. MRS1912

Malta Tel: (356) 22064000 Fax: (356) 22064444

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	Ma	ndate	e Ref	No.				╛
Creditor ID M T 9 1 Z Z Z 0 1 7 9 6 5 0 1 8	Т						1	
Bank Name and Branch					D	irect Ma	Dek Inda	
Name(s) of Account Holder(s)								
IBAN Number								
BIC			Re	curren	Paym t Collection	tion \[\sum_		
Originator	C\	/A Ref	eren	ce N	umbe	er (Cli	ent l	D)
CVA Technology Co. Ltd.								

By signing this mandate form you authorize (A) CVA Technology Company Limited to send instructions to your bank to debit your account for all amounts due by you in terms of the Vehicle Access Zones (Control) Regulations and/or any other amounts that may become due by you to CVA Technology Company Limited and (B) your bank to debit your account in accordance with the instructions from CVA Technology Company Limited.

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 from the date on which your account was debited.

Please complete all field	ds marked	d *										
* Your Name												
Name of the debtor(s)												
*Your Address												
Street Name and Numbe	<u> </u>											
				1 1								
Postal Code	City	<u> </u>										
	,	<u>'</u>							_			
Country												
D-1-*												
Date*												
<u> </u>												
(D) (M) (Y)												
Signature(s)												
Please sign here *										:		
					Signature	e Place				Time		
Please sign here *										:_		
				;	Signature	e Place				Time	<u> </u>	
Please sign here *										:		
Note: Your rights regarding the above manda	te are explained	in a statemen	t that you		Signature in from y		 k.			Time		
• • • • • • • • • • • • • • • • • • •					•							
This document should be s	-			holde	ers irr	espe	ctive	of an	y oth	er ins	struct	ions
given to the Bank for the op	eration of	the acco	ount.									
Details regarding the underlying	relationship	between	the Cre	ditor	and th	e Deb	tor – f	or info	rmatio	on pur	poses	only.
Dorson on whose hehelf no												
Person on whose behalf pa	lyment is r	nade	1				1			<u> </u>		I
											<u> </u>	
Full name of the Debtor reference party. If you CVA Technology Company Ltd and another p write the other person's full name here.												
If you are paying on your own behalf, leave b	olank.											
Please return to: CVA Technology Co.Ltd.83,		Creditor's	use only									
Triq L'Ghassara Ta' L-Gheneb, Marsa. MRS1912 Malta.												

Additional undertakings by the user/owner

Furthermore, I/we hereby acknowledge and agree to the following

- The amount to be debited and the date of such debit varies, but CVA Technology Company Ltd shall notify me/us in advance of the amount and date of the debit. I/We also understand that the Bank shall not be bound to verify whether such advance notice has been given.
- I/We shall keep CVA Technology Company fully indemnified against any and all liability, loss or damages that it may incur in the event that a direct debit payment from my/our account is rejected and/or cannot be processed or executed according to the relative i nstructions, including but not limited to all and any charges or fees that may be levied upon CVA Technology Company Limited by its bankers.
- I/We shall keep CVA Technology Company fully indemnified against any and all liability, loss or damages that it may incur for any reason which is beyond the its control in consequence of making this service available.
- I/We understand that the Bank and CVA Technology Company Limited may terminate this
 Direct Debit instruction at each of their sole discretion by advising me/us and the Bank or
 CVA Technology Company Ltd (as applicable) in writing.
- I/We shall inform the Bank and CVA Technology Company Ltd in writing if I/we wish to cancel this Mandate.
- This document may be retained by CVA Technology Company Ltd and CVA Technology's request to debit my/our account may be construed by the Bank that CVA Technology possess this authority.
- Should direct debit is rejected more than 3 times CVA Technology Company Limited shall terminate this service by notifying me and the Bank in writing.

This form has to be accompanied by an R1 or R2 Registration Form and photocopies of relevant ID cards/passports of account holders clearly showing signatures.

P	lease sign here:	Please sign here:	Please sign here	9:
F	ull Name:	Full Name:	Full Name:	
	For Office Use Only			
	Signature Authenticated by:		Signature No	
	Rubber Stamp			
	For Office Use Only			
	Client Number:	Clerk		
	System Form Number:	Date/_/ <u>2</u>	<u>) </u>	
	Private Vehicle Owner Corporate/Co	ommercial Scanned		
	R1 Form R2 Form Follow Up			