

## Form to use when paying by BANK TRANSFER

The original must be sent to your bank duly completed, together with a copy which should be returned to us stamped by your bank. Should you use a different transfer form, please send us a copy stamped by the paying authority.

By order of	Details of payment
Bank: ..... Account: .....	

Please debit our account:

Amount in Euros	Beneficiary
	PREMIÈRE VISION S.A. SIREN : 403 131 956 APE : 8230 Z
Beneficiary's bank	Bank's stamp
<b>CIC LYONNAISE DE BANQUE</b> 8, rue de la République / BP 1507 F 69207 Lyon cedex 01 - France PREMIÈRE VISION S.A.      SWIFT: CMCIFRPP IBAN: FR76 1009 6181 0000 0258 7370 113  Bank transfer from European Union lower than 50 K€ > <b>SHARE mode</b> Bank transfer from other countries lower or higher than 50 K€ > <b>OUR mode</b> The bank fees will be deducted from your payment.	Place .....  Date .....

Company stamp and signature	Place .....  Date .....
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