

## SEPA CREDIT TRANSFER REVERSAL APPLICATION FORM

The application form must be sent by mail to CFONB  
[cfonb@cfonb.fr](mailto:cfonb@cfonb.fr)

### DATA

**From:** *Name of Application Form submitter*

**Applicant:**

- BIC8 or BIC11 : .....
- Name of Applicant : .....
- Street Address : .....
- Post Code : .....
- City : .....
- Country : .....
- Date of registration to the AOS : .....