



## SEPA Direct Debit Mandate Form

Please fill in the whole form using a ball point pen and send it to: Coface Suite 5 Adelphi House, Upper George's Street, Dun Laoghaire, Co. Dublin Creditor identifier A96 AF43 5 F Name(s) of account holder(s) Address of account holder(s) Address Payment type One-off Postcode Recurrent **IBAN Number** SWIFT BIC Number By signing this mandate form, you authorise (A) the Creditor to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Creditor. 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. Unique Reference Mandate Signature(s) Coface to complete Date