

## SEPA DIRECT DEBIT MANDATE

Creditor: **AMARIZ LIMITED**

Identifier of the Creditor: **FR02ZZZ476535**

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 parts 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.

### Account Holder's Name and Address

Name.....

Address .....

Post Code ..... Town .....

**Date and signature**

**ACCOUNT NUMBER TO BE DEBITED**

IBAN							
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[illegible]

- ☐ I would like my claims payments to be made by bank transfer into this account.
- ☐ I would like my claims payments to be made by bank transfer into a different account (please attach R.I.B.)

**NOTES:** Direct debits are carried out on the 8<sup>th</sup> day of the month. In the event of an unpaid direct debit, costs will be payable by the Policyholder.