

# APRIL Ireland

## SEPA Direct Debit Mandate

Unique Mandate Reference



Creditor Identifier: IE79API303578

Legal Text: By signing this mandate form, you authorise (A) APRIL (Insurety) Ireland Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from APRIL (Insurety) Ireland 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 starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked \*

\*Your name:

\*Your address:

\*City/postcode:

\*County:

\*IBAN (International Bank Account Number)

\*Swift BIC:

APRIL (Insurety) Ireland Limited  
Suite 211, Unit 3013, Lake Drive, Citywest Business Campus, Dublin 24, Ireland.

Type of payment is Recurrent/Repeated

\*Date of signing:

\*Signature(s):

Please return this mandate to:  
APRIL (Insurety) Ireland Limited, Suite 211, Unit 3013,  
Lake Drive, Citywest Business Campus, Dublin 24.

\*Person on whose behalf payment is made:  
(name of policyholder, if different to above)