

**SEPA Core Direct Debit Mandate**

*Please complete all fields below.*

|  |                        |   |
|--|------------------------|---|
| Creditor identifier                      |                        | IE80ZZZ350023                                   |
| Insert sort code and loan account number |                        | <i>Danske Bank sort code and Account number</i> |
| Type of payment: Recurrent or One off    |                        | Recurrent                                       |
| Creditor                                 | Name                   | Danske Bank, Loan Services                      |
|  | Street name and number | 3 Harbourmaster Place                           |
|  | Postal code and city   | IFSC  |
|  | Country                | Dublin 1  |
| Debtor<br>(Insert customer details)      | Name                   |   |
|  | Address                |   |
|  | Postal code and city   |   |
|  | Country                |   |
|  | Account number (IBAN)* |   |
|  | SWIFT BIC*             |   |

\*This can be found on your bank statement from your financial provider

By signing this mandate form, you authorise:

(A) Danske Bank Loan Services to send instructions to your bank to debit your account and  
 (B) your bank to debit your account in accordance with the instructions from Danske Bank Loan Services.

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.

**Credit authorisation:**

**I hereby authorise you to credit the above account with any funds received in respect of Tax Relief at Source (“TRS”) in relation to my Mortgage Accounts(s).**

Please return this mandate to the creditor at least 10 working days prior to your next repayment date.

|                  |                           |
|------------------|---------------------------|
| Telephone number | Name(s) in block capitals |
| _____            | _____                     |
| Date             | Customer signature(s)     |
| _____            | _____                     |