

**The Core Single Euro Payment Area (SEPA) Scheme  
Recurrent Direct Debit Mandate**

Creditor:  
The Equitable Life Assurance Society  
PO Box 484  
Walton Street  
Aylesbury  
Bucks,  
HP21 7WW, United Kingdom

Creditor Identifier: DE63ZZZ00000760382 Creditor IBAN: DE25 3003 0880 1918 0700 16

Mandate Reference:

**SEPA regulations state a direct debit mandate must be completed in full and without any alterations. If not adhered to the form will be void. Please complete all the requested information below.**

By signing this mandate form, you authorise (A) The Equitable Life Assurance Society to send instructions to your bank/building society to debit your account and (B) your bank/building society 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/building society under the terms and conditions of your agreement with your bank/building society. 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.

Your Name(s):

Your Address:

City/Postcode:

Country:

BIC:

IBAN:

Date of signing:

Location of signing (City/Town): .....

Signature(s): .....

.....

Please return this completed form to the Equitable Life Assurance Society, PO Box 484 Walton Street, Aylesbury, Bucks, HP21 7WW, United Kingdom.