

# SEPA Direct Debit Mandate

Policy number

Please return to:  
Comhlucht Na hÉireann um Árachas c.p.t.  
New Ireland Assurance Company plc., 11-12 Dawson Street, Dublin 2.

Creditor identifier

Account number (IBAN)

Swift BIC

Account holder name(s)

Account holder address

Type of payment  Recurrent

Account holder signature(s)

By signing this mandate form, "you authorise (A) New Ireland Assurance Company plc to send instructions to your bank to debit your account and (B) your Bank to debit your account in accordance with the instruction from New Ireland Assurance Company plc. 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".

Date of signing 

D	D	M	M	Y	Y	Y	Y

**Creditor use only**

Unique mandate reference