

SEPA Direct Debit Mandate

Please complete all fields marked * below

Policy number*

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Please return to:

Comhlucht Na hÉireann um Árachas c.p.t.

New Ireland Assurance Company plc., 11-12 Dawson Street, Dublin 2.

Creditor identifier

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Account number (IBAN)*

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BIC

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Bank account
holder name(s)*

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Account holder address*

Type of payment

☒ Recurrent

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".

Bank account holder
signature 1*

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Date of
signing*

D	D	M	M	Y	Y	Y	Y

Signature 2†

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Date of
signing*

D	D	M	M	Y	Y	Y	Y

† If your bank account is a joint account and requires two signatures, please ensure this mandate is signed by both parties.

Creditor use only

Unique mandate reference

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New Ireland Assurance Company plc.,

11-12 Dawson Street, Dublin 2.

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