

SEPA DIRECT DEBIT MANDATE (Ireland)

TITLE	POLICYHOLDER(S) NAME
(PLEASE INDICATE BOTH NAMES IF JOINT POLICYHOLDERS)	
ADDRESS	
POSTCODE	
If this application is on behalf of a company please provide:	
CONTACT NAME:	NAME OF COMPANY:

Policy number:

Please indicate your preferred date for making payment:

1st ☐

8th ☐

15th ☐

22nd ☐

Would you prefer to make your payment:

monthly ☐

annually ☐

SEPA Direct Debit Mandate

Please complete in BLOCK CAPITALS using BLACK INK.

Unique Mandate Reference :

By signing this mandate form, you authorise **Hiscox Underwriting 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 **Hiscox Underwriting 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

Name ☐ <client name>

Address ☐ <client address>



<client postcode>

IBAN ☐
(International Bank Account Number)

BIC
(Bank Identifier code)

PLEASE RETURN TO

Name of Creditor ☐ Hiscox.....

Creditor Identifier IE73ZZZ305529

Creditor Address ☐ 25 London Road, Sittingbourne.....

ME10 1PE Kent.....

☐ United Kingdom.....

Type of Payment ☐ Recurrent ☒

Date of Signing ☐

Signature(s) ☐ Please sign here

