

SEPA Direct Debit Mandate

Please complete this form in **BLOCK CAPITALS**.

Creditor's use only: insert policy number here

Before completing this form please contact your Bank / Building Society to confirm that they are SEPA compliant.
If your Bank / Building Society is not SEPA compliant please select an alternative payment method.

By signing this mandate form, you authorise (A) Allianz to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Allianz. 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.

Creditor

Name AWP HEALTH & LIFE SA
Address 7 RUE DORA MAAR, 93400 ST OUEN SUR SEINE, FRANCE
Identifier FR31ZZZ8A79D3
Type of payments ☐ Recurrent payment ☐ One-off payment

Debtor

Name(s) of account holder(s)

Account holder(s) address

City

Postcode

Country

Reference number

Bank / Building Society name

Bank / Building Society address

Bank / Building Society account number

Branch sort code

Account number - IBAN

SWIFT BIC

Signature(s)

Print name(s)

City or town in which you are signing

Date (DD/MM/YYYY) / /

We care about your personal data protection. To read our Data Protection Notice, visit: www.allianzcare.com/en/privacy.html

Please complete, sign and return this form to:

Allianz, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, D12 XE93, Ireland