## SEPA DIRECT DEBIT MANDATE

Please complete this form in BLOCK CAPITALS.

Creditor's use only: insert policy number here

				Single Euro Payments Area
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.				
accordance with the instructions from	om Allianz Care. As part of your rights, yo d must be claimed within 8 weeks startir	ou are entitled to a re	o debit your account and (B) your bank to of und from your bank under the terms an or which your account was debited. Your rig	nd conditions of your
CREDITOR				
Name	ALLIANZ WORLDWIDE CARE			
Address	15 JOYCE WAY, PARK WEST BUSINESS CAMPUS, NANGOR ROAD, DUBLIN 12, IRELAND			
Identifier	GB06632SDDCITI00000022121137			
Type of payments	☑ Recurrent payment □	One-off payment		
DEBTOR				
Name(s) of account holder(s)				
Account holder(s) address				
City				
Postcode				
Country				
Policy number				
Bank / Building Society name				
Bank / Building Society address				
Bank / Building Society account nur	mber	В	Branch sort code	
Account number - IBAN				
SWIFT BIC				
-				
Signature(s)				
Print name(s)				
City or town in which you are signing	g			
Date D D / M M / Y Y Y Y				
We care about your personal data	a protection			
To read our Data Protection Notice, visit: www.allianzcare.com/en/privacv.html				

## Please complete, sign and return this form to:

Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

