

SEPA Direct Debit Mandate

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Mandate reference:
to be completed by the creditor



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

PLEASE COMPLETE ALL THE FIELDS MARKED*
AND ATTACH THE IBAN CERTIFICATE

***Bank Account Holder Name**

Name of the debtor(s)

Your address

Street name and number

Postal Code

City

Country

***Your Account Number (IBAN)**

***SWIFT BIC**

***Bank name**

Creditor's name

EUROLIFE LTD

Creditor identifier

CY97ZZZ0021

Street name and number

4, EVROU STREET, Eurolife House

Postal Code

2003 STROVOLOS

City

NICOSIA

Country

CYPRUS

Postal Code

**P.O.Box 21655
1511**

City

NICOSIA

Country

CYPRUS

Type of payment

*Recurrent payment or One-off payment
in Monthly instalments

Person on whose behalf payment is made

Name of the debtor reference party: If you are making a payment in respect of an arrangement between EUROLIFE LTD and another person (e.g. where you are paying the other person's bill) please write the other person's name here. If you are paying on your own behalf, leave blank.

In respect of the contract

Policy or order number

City or town in which you are signing

Location

Date

Please sign here

*Bank account holder's signature

Note:

Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Please return to:

4, Evrou Street, Eurolife House, 2003 Strovolos, Nicosia, P.O. Box 21655, 1511 Nicosia