SEPA Direct Debit Mandate

Mandate reference - to be completed by the creditor

ETHNIKI
GENERAL INSURANCE (CYPRUS) LTD

By signing this mandate form, you authorise (A) **ETHNIKI GENERAL INSURANCE (CYPRUS) 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 **ETHNIKI GENERAL INSURANCE (CYPRUS) LTD**.

Please state your consent, that all your payments for your claims related to any Health Insurance Policy which is in force with our company, are transferred to your bank account, details of which are stated herein below. Yes ☐ No ☐

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.

Please complete all the fields marked *.

Your Name * 1
Name of the debtor (s)

Your address * 2
Street name and number

* 3
Postal Code City

* 4
Country

Your account number * 5
Account number - IBAN

* 6
SWIFT BIC

Creditor's name * E T H N I K I I N S U R A N C E 7
Creditor name

** C Y 1 0 Z Z Z 0 0 3 5 8
Creditor Identifier

** I F I G E N E I A S 7 9
Street name and number

** 2 0 0 7 S T R O V O L O S 10
Postal Code City

** C Y P R U S 11
Country

Type of payment * Recurent payment ☐ or One-off payment ☐ 12

City or town in wich you are signining Location

Date * 13
D D M M Y Y

Please sign here * Signature (s)

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

Details regarding the underlying relationship between the Creditor and the Debtor - for information purposes only

Debtor identification code 14
Write any code number here which you wish to have quoted by your bank.

Person on whose behalf payment is made 15
Name of the Debtor Reference Party: If you are making a payment in respect of an arrangement between {NAME OF CREDITOR} 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.

16
Identification code of the Debtor Reference Party

17
Name of the Creditor Reference Party: Creditor must complete this section if collecting payment on behalf of another party

18
Identification code of the Creditor Reference Party

In respect of the contract 19
Identification number of the underlying contract

I N S U R A N C E P O L I C Y 20
Description of contract

Please return to:

Creditor's use only