SEPA Direct Debit Mandate

ETHNIKI INSURANCE (CYPRUS) LTD

Mandate reference - to be completed by the creditor

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

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	
	*		5
		Account number - IBAN	
Your account number	*		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 3 Z Z Z 0 0 7 8	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 * [D D M M Y Y]   13

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

[   ] 19
Identification number of the underlying contract

In respect of the 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

003.02.025/03.2022