

# SEPA Direct Debit Mandate

## Mandate Identification:

By signing this mandate form, you authorise (a) A.K. Demetriou Insurance Agents, Sub-Agents & Consultants 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 A.K. Demetriou Insurance Agents, Sub-Agents & consultants Ltd. You are entitled to a refund from your bank under the terms and conditions of your agreement with your bank provided that you claim it within 8 weeks starting from the date on which your account was debited.

## Declaration:

I agree that:

1. A.K. Demetriou Insurance Agents, Sub-Agents & consultants Ltd is entitled, at its absolute discretion and without notice, to cancel this order in the event that payment cannot proceed due to unavailable funds.
2. It is understood that I have the right, with a written notification, to A.K. Demetriou Insurance Agents, Sub-Agents & consultants Ltd, to cancel this order.
3. In the event of closure of my below bank account or change in the below details, I undertake the responsibility to inform A.K. Demetriou Insurance Agents, Sub-Agents & consultants Ltd immediately and in writing.
4. In case of a claim, the whole amount of the premium due will be offset against the amount of the claim, regardless of any payment agreement.

<b>Creditor</b>	<b>SEPA Creditor Identifier (ICS): CY85ZZZ0237</b>
	Creditor: A.K. Demetriou Insurance Agents, Sub-Agents & Consultants Ltd.
	Address: Rafael Santi 5, Quality 1st Floor
	P.C. & City 6052, Larnaca
	Country CYPRUS

<b>Debtor</b>	Name of Debtor: .....
	Address: .....
	P.C. & City .....
	Country .....
	<b>BANK ACCOUNT TO DEBT (Please provide account identification document)</b>
	Account Number (IBAN) .....
	Bank BIC Code: .....
Person on whose behalf payment is made .....	

**Signature of the Debtor:**

Date (dd/mm/yyyy)

...../...../.....

Place: .....

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