SEPA Direct Debit Mandate

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25	Unique Mandate Reference (UMR) - to be completed by Royal London

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

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 *.

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Account holder's Name	*			
Account holder's Address				
City				
Postcode				
Country				
Account Number - IBAN	*			
Account Identifier Code - BIC	•			
Company's name	Royal London			
Company's identifier	IE65SDD996604			
Company's Address City	Royal London Insurance DAC, PO Box number 1	2995		
Postcode	Dublin 2			
Country	Ireland			
Type of payment	Recurrent payment X or One-off payment	nt 🔲		
Date of signature	* D M Y			
	Signature(s)			
Please sign here	*			

Please return this mandate to Royal London at the address above.

This section should be completed by the policyholder(s)

The policyholder is the person who owns the policy(s). The policyholder may be referred to as the 'proposer' on your original policy documents.

We need to know which policies you want to pay by direct debit. P	Please make sure this box contains all the policy numbers before you sign it,
First policyholder's name (Mr/Mrs/Miss/Ms - please specify)	Policyholder's address
First policyholder's signature	
	-
	Postcode
Second policyholder's name (if there is one) (Mr/Mrs/Miss/Ms)	Telephone number
Second policyholder's signature (if there is one)	
	Date