

# SEPA CORE DIRECT DEBIT MANDATE



**MORGAN PRICE (EUROPE) APS  
NYBROGADE 18 3.  
1203 KOBENHAVN K  
DENMARK**

**Creditor ID : GB30ZZSDDBARC0000003771138**

By signing this mandate form, you authorise Morgan Price (Europe) ApS to send instructions to your bank to debit your account and for your bank to debit your account in accordance with the instructions from Morgan Price (Europe) ApS.

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

If you utilise your rights above, the insurance that you use this mandate to purchase will be suspended until payment is received and the terms and conditions of the policy will be applied.

**All fields are mandatory.**

Mandate Reference \_\_\_\_\_

In respect of the contract \_\_\_\_\_

Type of Payment	<i>Recurrent (Mandate can be used more than once)</i>	<i>One-off (Mandate can only be used once)</i>
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Your address \_\_\_\_\_

	Country	Post/Zip code
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Your bank BIC \_\_\_\_\_

Your account number (IBAN) \_\_\_\_\_

City/town in which you are signing \_\_\_\_\_

Signature	Date
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