## SEPA Direct Debit Mandate



## Unique Mandate Reference

Uniqu	Unique Mandate Reference (UMR) - to be completed by Ocean Healthcare Limited.																														

By signing this mandate form, you authorise Ocean Healthcare 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 Ocean Healthcare 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. Your rights are explained in a statement that you can obtain from your bank.

## Please complete all the fields marked \*

Creditor's Name	0	С	Ε	А	Ν		Н	E	А	L	Т	Н	С	А	R	Ε		L	I	Μ	Ι	Т	Ε	D			
Creditor's Identifier																											
Creditor's Address	S	А	Ν	D	Y	F	0	R	D		В	U	S	Ι	Ν	Ε	S	S		Ρ	А	R	Κ				
City	D	U	В	L	Ι	Ν																					
Post Code	D	1	8		Y	3	9	7																			
Country	Ι	R	Е	L	Α	Ν	D																				
Type of payment*	Rec	urre	ent	pay	mer	nt		(	Эr	С	)ne-	-off	f payment														
Debtor Name*																											
Debtor Address†																											
City																											
Post Code																											
Country																											
Debtor account number – IBAN*																											
Debtor bank identifier code – BIC																											
Signature & Date*															Day	/	,	Montł	ר	,	Year						

Address of Debtor †(Mandatory when collecting from a non EEA SEPA country or territory)

Please return this mandate to the Creditor