**SEPA Direct Debit Mandate**

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| Unique Mandate Reference |  |
|  | *Unique Mandate Reference (UMR) – to be completed by* ***Shaun Molloy + Sons*** |

By signing this mandate form, you authorise (A) Shaun Molloy + Sons Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Shaun Molloy + Sons Limited.

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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| Creditor’s name |  | | | | | | | | | | | | | | | | | | | | | |
| **S** | **H** | **A** | **U** | **N** |  | **M** | **O** | **L** | **L** | **O** | **Y** | **+** | **S** | **O** | **N** | **S** |  | **L** | **T** | **D** |  |

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| Creditor identifier |  | | | | | | | | | | | | | | | | | | | | | |
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| Creditor address |  | | | | | | | | | | | | | | | | | | | | |
| **A** | **R** | **D** | **L** | **E** | **N** | **A** | **G** | **H** |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  | | | | | | | | | | | | | | | | | | | | |
| **D** | **O** | **N** | **E** | **G** | **A** | **L** |  | **T** | **O** | **W** | **N** |  |  |  |  |  |  |  |  |  |
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| Post Code | **F** | **9** | **4** | **X** | **6** | **P** | **H** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| County |  | | | | | | | | | | | | | | | | | | | | |
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| Type of payment \* |  | | | | |
| Recurrent payment |  | One-off or payment |  |  | |

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| Debtor Name \* |  | | | | | | | | | | | | | | | | | | | | | |
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| Debtor Address |  | | | | | | | | | | | | | | | | | | | | | |
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| County |  | | | | | | | | | | | | | | | | | | | | | |
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Phone

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Email

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Debtor account number – IBAN \*

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| Debtor bank identifier code – BIC |  | | | | | | | | | | |
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| Date of signature \* |  | | | | | |
|  | D | D | M | M | Y | Y |

**Signature(s)**

|  |  |
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| Please sign here \* |  |

Please return this mandate to the Creditor