

SEPA Direct Debit Mandate

Creditor's Name	Catlin Insurance Company (UK) Ltd re. à la carte healthcare limited, Chanctonfold Barn, Chanctonfold, Horsham Road, Steyping, West Sussex BN44 3AA, UK
Identifier of the Creditor	GB78ZZZSDDBARC00000005328622
Mandate Reference (to be completed by the Creditor)	

By signing this mandate form, you authorise (a) Catlin - ALC Health, to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instructions from Catlin - ALC Health. 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. Note: Your rights are explained in a statement that you can obtain from your bank.

Name of Debtor(s)	SWIFT BIC
<input type="text"/>	<input type="text"/>
Your address / Street name and number	Account number (IBAN)
<input type="text"/>	<input type="text"/>
<input type="text"/>	Signature(s)
Postcode	<input type="text"/>
City/Town	City or town in which you are signing
<input type="text"/>	<input type="text"/>
Country	Date
<input type="text"/>	<input type="text"/>
Identification number of the underlying contract (Policy No.)	
<input type="text"/>	
Type of Payment: <input type="checkbox"/> Recurrent payment	<input type="checkbox"/> One-off payment

Details regarding the underlying relationship between the Creditor and the Debtor - for information purposes only

Name of the Debtor Reference Party (if you are making a payment in respect of an arrangement between Catlin - ALC Health and another person)

If you are paying on your own behalf, leave blank.