

Freedom Health Insurance
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SEPA Direct Debit-Mandate

SEPA Creditor Identification number DE16ZZZ00001941136

I/we authorise Freedom Healthnet Ltd to send instructions to my (our) bank to debit my (our) account in accordance with the instruction form the creditor Freedom Healthnet Ltd.

Note: I can (we can) within eight weeks, starting with the date of the debit request, demand a refund of the amount charged. The terms and conditions agreed upon the financial authority apply.

My (our) rights to this mandate are contained in a leaflet that I (we) can request from the bank.

Please complete all fields

Mandate details

Policy number reference	
Freedom Healthnet Ltd.	Please note that the reference 'Stripe Payments Europe Ltd' will appear on your bank statement.
Method of payment	<input type="checkbox"/> recurrent payments <input type="checkbox"/> one off payment

Identification of the debtor

Payers name and address	
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IBAN and BIC (can be found on bank statement)

IBAN number	
BIC/SWIFT number	

Date (DD/MM/YYYY)	
Signed by (print name)	
Signature(s)	