SEPA DIRECT DEBIT MANDATE

Please complete this form in BLOCK CAPITALS.

Cree	Creditor's use only: insert policy number here																														



Before completing this form please contact your Bank / Building Society to confirm that they are SEPA compliant. If your Bank / Building Society is not SEPA compliant please select an alternative payment method.

By signing this mandate form, you authorise (A) Allianz Care to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Allianz Care. 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.

CREDITOR

Name	ALLIANZ WORLDWIDE CARE									
Address	15 JOYCE WAY, PARK WEST BUSINESS CAMPUS, NANGOR ROAD, DUBLIN 12, D12 XE93, IRELAND									
Identifier	GB56632SDDCITI00000005031262									
Type of payments	Recurrent payment	One-off payment								

DEBTOR

Name(s) of account holder(s)									
Account holder(s) address									
City									
Postcode									
Country									
Reference number									
Bank / Building Society name									
Bank / Building Society address									
Bank / Building Society account number	Branch sort code								
Account number - IBAN									
SWIFT BIC									

Signature(s)									
Print name(s)									
City or town in which you are signing									
Date D D / M M / Y Y Y									

Allianz Care shall be the data controller in respect of all personal information, including financial information collected relating to you and/or your dependants. Under EU Data Protection law, you have the right to request and receive a copy of your personal data held by us. If you wish to do this, please write to the Data Protection Officer at, Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland, or by email to: client.services@allianzworldwidecare.com

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:

Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, D12 XE93, Ireland.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of €65,190,446 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number. FR 84 401 154 679. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA. The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at 1 place du Samedi, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. IBAN: BE65363102631696. BIC: BBRUBEBB. Allianz Care and Allianz Partners are registered business names of AWP Health & Life Services Limited.

