## SEPA Direct Debit Mandate

Please complete this form in BLOCK CAPITALS.

Creditor's use only: insert policy no	umber here	SEP.	ats Area
Before completing this form please of If your Bank / Building Society is not S		iety to confirm that they are SEPA compliant.	
accordance with the instructions from	n Allianz Worldwide Care. As part o	re to send instructions to your bank to debit your account and (B) your bank to debit your account in of your rights, you are entitled to a refund from your bank under the terms and conditions of your starting from the date on which your account was debited. Your rights are explained in a statement the	at you
Creditor			
Name	ALLIANZ WORLDWIDE CARE	E	
Address	15 JOYCE WAY, PARK WEST BUSINESS CAMPUS, NANGOR ROAD, DUBLIN 12, IRELAND		
Identifier	GB06632SDDCITI00000022	2121137	
Type of payments	☑ Recurrent payment	☐ One-off payment	
Debtor			
Name(s) of account holder(s)			
(-)			
Account holder(s) address		STREET NAME AND NUMBER	
City			
Postcode			
Country			
Policy number			
Bank / Building Society name			
Bank / Building Society address			
Bank / Building Society account numb	oer	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			

Allianz Worldwide 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 Worldwide 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 Worldwide Care, 15 Joyce Way, Park West Business Campus, Nangor Road,
Dublin 12, Ireland

