



Sepa Direct Debit Mandate



Originators Identification Number

I | E | 8 | 7 | Z | Z | Z | 3 | 0 | 3 | 1 | 4 | 3

Please print, complete and sign the mandate and then email a photo or scanned copy to ukdd@yara.com

(1) Mandate reference

Y	P	H							
---	---	---	--	--	--	--	--	--	--

(5) Swift BIC

--	--	--	--	--	--	--	--	--	--

(2) Name(s) of account holder(s)

--

(6) Recurrent payment

OR

One-off payment

X

--

(3) Address of account holder(s)

Street name and number:
.....
City:
Postcode:

(4) Account number - IBAN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

By signing the mandate form, you authorise:

- (A) the Creditor to send instructions to your bank to debit your account and
- (B) your bank to debit your account in accordance with the instructions from the Creditor.

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.

(7)

Signature(s)
.....
Date