



SEPA Direct Debit Mandate

Unique Mandate Reference (UMR)

(for office use only)

Creditor Identifier

IE14ZZZ307173

Creditor's Name

Blueface Ltd.

Address

10/11 Exchange Place

IFSC

City / Post Code

Dublin 1

Country

Ireland

Legal Text: By signing this mandate form, you authorise (A) Blueface Ltd. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Blueface Ltd.

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 regarding the above mandate are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Your Name

*

Your Address

Your City / Post Code

Your Country

Your Account Number (IBAN)

*

Your Bank Identifier Code (BIC)

*

Type Of Payment

* Recurrent Payment **or** One-off Payment (Please tick ✓ one box only)

Date Of Signature

*

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature(s)

Please Sign Here

*

Please return this mandate form to BLUEFACE Ltd. 10/11 Exchange Place, IFSC, Dublin 1.