

SEPA Direct Debit Mandate

Creditor: Atlas Healthcare Insurance Agency Limited
Creditor Identifier: MT98ZZZ000507983T

Mandate Reference number: (to be completed by us)

By signing this mandate form you authorise (a) Atlas Healthcare Insurance Agency Limited to send instructions to your bank to debit your account for the repayment of your health insurance and (b) your bank to debit your account in accordance with the instructions from Atlas Healthcare Insurance Agency Limited.

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.

Name and Surname

Address

IBAN (International Bank Account Number)

Debtor account number

SWIFT/BIC Type of Payment: Recurrent payment Single payment

Place of signature

Date of signature

Signature

Time of signature

Your rights are explained in a statement that you can obtain from your bank.

Details regarding the underlying relationship between the Creditor and the Debtor - for information purposes only

Name of Policy holder/s

*Name of the person on whose behalf payment is made
 (if you are making a payment in respect of an arrangement between Atlas Healthcare Insurance Agency Limited and another person)*

Policy Number

I/We understand that Atlas Healthcare Insurance Agency Limited will inform me/us 14 days prior to each annual renewal payment and prior to any change in payment amounts or dates. The bank will not be bound to verify whether such notice has been given.

I/We understand that the bank is at liberty to refuse to effect payment if my/our bank account does not have sufficient funds to meet such requests.

I/We also note that the bank is entitled to terminate such Direct Debit arrangements at its sole discretion by advising me/us and Atlas Healthcare Insurance Agency Limited in writing. I/We will inform the bank in writing if I/We wish to cancel this mandate.

If the policy is renewable between the 1st and 15th of the month, my/our account will be debited on or around the 28th of the previous month. If the policy is renewable between the 16th and the end of the month, my/our bank account will be debited mid-month.

Please return form to: Atlas Healthcare Insurance Agency Limited, Abate Rigord Street, Ta' Xbiex XBX 1121 Malta