

SEPA CORE DIRECT DEBIT MANDATE



**MORGAN PRICE INTERNATIONAL HEALTHCARE LTD
2 PENFOLD DRIVE
GATEWAY 11
WYMONDHAM
NORFOLK
NR18 0WZ
UNITED KINGDOM**

Creditor ID : GB30ZZZSDDBARC0000003771138

By signing this mandate form, you authorise Morgan Price International Healthcare Ltd to send instructions to your bank to debit your account and for your bank to debit your account in accordance with the instructions from Morgan Price International Healthcare 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 this mandate are explained in a statement that you can obtain from your bank.

If you utilise your rights above, the insurance that you use this mandate to purchase will be suspended until payment is received and the terms and conditions of the policy will be applied.

All fields are mandatory.

| | | |
|------------------------------------|---|--|
| Mandate Reference | | |
| In respect of the contract | | |
| Type of Payment | <i>Recurrent (Mandate can be used more than once)</i> | <i>One-off (Mandate can only be used once)</i> |
| Your address | | |
| | Country | Post/Zip code |
| Your bank BIC | | |
| Your account number (IBAN) | | |
| City/town in which you are signing | | |
| Signature | | Date |