

**SEPA Direct Debit Mandate**

\*U M R \_\_\_\_\_



\*Creditor Identifier: **IE74ZZZ304444**

**ALLFRESH WHOLESALE LTD**

Legal Text: By signing this mandate form, you authorise (A) ALLFRESH WHOLESALE LTD. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from ALLFRESH WHOLESALE 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 are explained in a statement that you can obtain from your bank. Please complete all the fields below marked \*

\*Your Name :

Your Address:

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

\*City/postcode

\* Country:

\* Account number (IBAN)

\*Swift BIC

**ALLFRESH WHOLESALE LTD.**

Unit 11, Sitecast Industrial Estate, Little Island, Co. Cork. Ireland

\*Weekly Direct Debit

**or**

Monthly Direct Debit

(Please tick v)

\*Type of payment Recurrent

**or**

One-Off Payment

(Please tick v)

\*Date of signing:

\*Signature

**For Information Purposes only**

Debtor Identification code

Person on whose behalf  
Payment is made

Identification code of Debtor Reference Party

Name of Creditor Reference Party- Creditor must complete this if collecting on behalf of another party

Identification code of Creditor Reference Party

Identification number of the underlying contract

Description of the contract

**Please return this mandate to ALLFRESH WHOLESALE LTD.**