ALFA MED LIMITED *VETERINARY DISTRIBUTORS*

Unit 6, Fermoy Enterprise Park, Fermoy, Co. Cork. 025 32175

SEPA DIRECT DEBIT MANDATE

Unique Mandate Reference

Unique Mandate Reference (UMR) – to be completed by Alfa Med Limited

By signing this mandate form, you authorise (A) **ALFA MED LIMITED** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **ALFAMED 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. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Creditor's name: ALFA MED LIMITED

Creditor identifier: IE77sdd361523

Creditor address: UNIT 6 FERMOY ENTERPRISE PARK FERMOY COUNTY CORK P61EE02

Type of payment * Recurrent payment ☐ or One-off payment ☐

Debtor Name *

Debtor Address

City

Post Code

Country

Debtor account number – IBAN *

Debtor bank identifier code – BIC

Date of signature *

Signature(s)

Please sign here *

Please return this mandate to the Creditor