

GoCardless

338-346 Goswell Road,
London, EC1V 7LQ

Name of account holder

International Bank Account Number (IBAN)

Bank Identifier Code (BIC)

Your full postal address

Signature

SEPA Direct Debit Mandate

Creditor Identifier

GB18ZZZSDDRBOS00275069

Reference (for office use)

By signing this mandate form, you authorise (A) GoCardless to send instructions to your bank to debit your account (B) your bank to debit your account in accordance with the instructions from GoCardless.

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.

Date

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