

**SEPA Direct Debit Mandate**

The Association of Anaesthetists of Great Britain and Ireland

Unique Mandate Reference:

Creditor Identifier: IE05ZZZ301806



Legal Text: By signing this mandate form, you authorise (A) The Association of Anaesthetists of Great Britain and Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from The Association of Anaesthetists of Great Britain and Ireland.

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 you 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

**Creditors Name:** The Association of Anaesthetists of Great Britain and Ireland

**Creditors Address:** 21 Portland Place  
London W1B 1PY

**Country:** UK

\*Type of payment **Recurrent**  (Please tick v)

\*Date of signing

\*Signature(s)

**Please return this mandate to the creditor and not your bank**