Dentists' Provident

Protecting your lifestyle. Securing your future.

SEPA Direct Debit Mandate

Unique Mandate Reference

By signing this mandate form, you authorise (a) Dentists' Provident Society Limited to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instruction from Dentists' Provident Society 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 eight 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*

***Name(s) of account holder(s)**

***Address of account holder(s)**

Address

City

Country

***Your BIC**

***Your IBAN**

Payment type **One off** **Recurrent**

***Signature**

***Date**

DD MM YYYY

For Creditor's use only

Preferred collection date each month

1st 15th

Please return this mandate to the Creditor at:

Dentists' Provident Society Limited
PO Box 76944
London
EC1P 1LG
United Kingdom

SEPA Creditor ID

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