

**SEPA Direct Debit Mandate SEPA
Direct Debit Mandate**

Mandate reference code - to be completed by the creditor organisation
Mandate reference - to be completed by the creditor



You hereby authorize (A) the Nicosia District Council to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions received from the Nicosia District Council. As part of your rights, you are entitled to claim a refund from your bank in accordance with the terms and conditions of the agreement between you. A refund must be claimed within 8 weeks of the date your account was debited.

By signing this mandate form, you authorize (A) Provincial Self - Governing Organization of Nicosia to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Provincial Self - Governing Organization of Nicosia. 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 AND ATTACH THE IWAN CERTIFICATE PLEASE COMPLETE ALL THE FIELDS
AND ATTACH THE IWAN CERTIFICATE**

Full name of the holder _____
Bank Account _____
Bank Account Holder Name _____ Name of the debtor(s) _____

Address / Your address _____
Street name and number / Street name and number _____

Z.K. / Postal Code _____ Code/City / City _____

E-mail / _____ Email/Telephone / Telephone number _____

Account Number (IBAN) Your _____
Account Number (IBAN) _____
IBAN account / Account number- IBAN _____

SWIFT BIC _____ Bank name / Bank name _____

Creditor's name Creditor's name _____
THE PROVINCIAL ADMINISTRATION OF LEFKOSIA
Name of the beneficiary organisation / Creditor name _____

Megalou Alexandrou 9 / 9 Megalou Alexandrou
Odός and number / Street name and number _____

1010 LEFKOSIA/ 1010 NICOSIA _____ NICOSIA / NICOSIA _____ CYPRUS / CYPRUS _____
Z.K. / Postal Code _____ City / City _____ Country / Country _____

Person on whose behalf payment _____
is made Person on whose behalf _____
payment is made _____
Name of the person on whose behalf the payment is made / Name of the debtor reference party _____

ID number of the person on whose
behalf the payment is made / Name of
the _____

Signed _____
City or town in which you are signing _____ City-Place / Location _____ Date / Date _____

Please sign here Please sign _____
here _____
Bank account holder's signature / Bank account holder's signature _____

FOR OFFICIAL USE

Posted by: _____

Checked by: _____