

**Termination of SEPA SEPA Direct Debit Mandate -
Termination of Sepa 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 Municipality to stop sending instructions to your bank to charge your water bill and (B) your bank to stop charging your bank account in accordance with the instructions received from the Nicosia District Municipality.
By signing this mandate form, you authorize (A) Nicosia Provincial Self - Governing Organization to stop sending instructions to your bank to debit your account and (B) your bank to stop debiting your account in accordance with the instructions from Nicosia Provincial Self - Governing Organization.

**PLEASE COMPLETE ALL THE FIELDS PLEASE COMPLETE ALL
THE FIELDS**

A/A SERIAL NUMBER

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Bank Account Holder Name
Bank Account Holder Name

Address / Your address

Street name and number / Street name and number

Z.K. / Postal

Code/City / City

Waterboard account
number / waterboard
account

Bank Account
Number (IBAN)
Your Account Number (IBAN)

Bank name/ Your Bank

Name of the beneficiary organisation
Creditor's Name

THE PROVINCIAL ADMINISTRATION OF LEFKOSIA

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

1010 LEFKOSIA/ 1010 NICOSIA
Zip Code / Postal

LEFKOSIA / NICOSIA
Code/City /

CYPRIOT / CYPRUS
City/Country / Country

Signed
Location in which you are signing

Date of Termination / Termination
date

Please sign here Please sign
here

Bank account holder's signature / Bank account holder's signature

FOR OFFICIAL USE

Posted by:

Checked by: