

SEPA DIRECT DEBIT MANDATE FORM

ORIGINATOR: FLOGAS NATURAL GAS LIMITED	CREDITOR ID: IE14ZZZ111039
ACCOUNT NUMBER: :	UNIQUE MANDATE REFERENCE: (For office use only)
DEBTOR NAME:	
DEBTOR ADDRESS:	
IBAN ACCOUNT NO:	
BANK BIC NO:	
RECURRENT PAYMENT : <input checked="" type="checkbox"/>	
SIGNATURE:	DATE:
SIGNATURE:	DATE:

By signing this mandate form, you authorise (A) Flogas Natural Gas 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 Flogas Natural Gas 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 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 RETURN TO: FLOGAS NATURAL GAS LIMITED

Building 2, 3rd & 4th Floor, The Green, Dublin Airport Central, Dublin Airport, Swords, Co. Dublin, K67 E2H3. Phone 1850 306 800.
