

SEPA Direct Debit Mandate

CYPRUS POLICE ASSOCIATION

By signing this mandate form, you authorize CYPRUS POLICE ASSOCIATION to send instructions to your bank to debit your account in accordance with the instructions from CYPRUS POLICE ASSOCIATION.

Please complete all the fields marked

Your name:

Your address:

Postal code: City:

Country:

Your IBAN number:

Creditor's name:

Creditor's Identifier:

Street Name & No:

Postal code: City:

Country:

Type of payment: Recurrent

City or town in which
you are signing

Location: Date:

Signatures:

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.