

SEPA DIRECT DEBIT MANDATE

By signing this mandate form, you authorise (A) Viatel Ireland Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Viatel Ireland 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 Details

Please complete all fields marked *

Note that for UK customers, full business address as recorded by your bank is required.

| | |
|--------------|--|
| Your Name* | |
| Your Address | |
| City* | |
| Postcode* | |
| Country* | |

Bank Details

| | |
|-----------------------------|--|
| Your IBAN* | |
| Bank Identifier Code – BIC* | |

| | |
|---------------------|--|
| Creditor's Name | Viatel Ireland Limited |
| Creditor Identifier | IE16SDD302578 |
| Creditor Address | 5 Beckett Way, Cherry Orchard, Park West Business Park |
| City | Dublin 12 |
| Postcode | D12 PD62 |
| Country | Ireland |

Type of Payment: Recurrent Payment or One-off Payment

Signature

Please sign here*

Date of Signature*

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

Your Viatel Account Number

Please note that a separate DD Mandate is required for each Viatel Account.

Your Email Address

Your Phone Number