

**SEPA
DIRECT
DEBIT
MANDATE**

This form should be completed and returned to the address below:

Please note all fields are mandatory

Name (Company):

CREDITOR IDENTIFIER No: 91ZZZ307048

Address:

Unique Mandate Reference
(Broker Information Service use only)

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Bank Account Number (IBAN)

Legal text : by signing this mandate form, you authorise (A) Broker Information Services Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Broker Information Services Ltd. As part of your rights, you are entitled to a refund from your bank under the terms & 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.

Bank Swift Code

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Date:

Type of Payment:
Recurrent Monthly debit

Authorised Signature(s)

Creditor Name: Broker Information Services t/a Best Advice&AdviserPlus
Creditor Address: York House, Rear of 176, Rathmines Park, Rathgar Road, Rathmines, Dublin 6

For BROKER INFORMATION SERVICES use:

Indicate service required with a tick

Adviserplus:

BestAdvice:

OmnibrokerPlus:

Principal Contact:

Phone No:

Email Address:

Financial Regulator No.

Authorised Signature(s) for Company: