



# IRISH FERRIES

P.O. Box 19, Ferryport, Alexandra Road, Dublin 1, DO1 W2F5, Ireland  
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## EUR SEPA DIRECT DEBIT MANDATE

Unique Mandate Reference (UMR)	<i>UMR to be completed by Irish Ferries Ltd (For office use only)</i>
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By signing this mandate form, you authorise (A) Irish Ferries Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Ferries Ltd.

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 complete all the fields marked \*.**

Debtor Name	*	
Debtor Address	*	
City	*	
Post Code	*	
Country	*	
Debtor account number – IBAN	*	
Debtor bank identifier code – BIC	*	
Creditor's name	*	I R I S H F E R R I E S L T D
Creditor identifier	*	I E 6 9 S D D 3 0 I 6 2 4
Creditor address	*	A L E X A N D R A R O A D
City	*	D U B L I N
Post Code	*	D 0 1 W 2 F 5
Country	*	I R E L A N D
Type of payment	*	Recurrent payment <input type="checkbox"/> or Once-off payment <input type="checkbox"/>
Date of signature	*	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature(s)	*	<input type="text"/>
Please sign here		

Please return this mandate to the creditor