

SEPA Direct Debit Mandate

	Unique Mandate	Reference be provided once	direct debit	is se	t up				-		
By sig	gning this mandate form, you au	thorise:									
	Wolters Kluwer (Ireland) Ltd t Your bank to debit your acco								(Irel	and)	Ltd
agree	art of your rights, you are ent ement with your bank. A refund lebited. Your rights are explaine	must be claimed wit	hin 8 weeks	startir	ng froi	m the	date				
Pleas	e complete all fields marked	*									
*	Your name Name of the debtor(s)										
*	Your address: Debtor(s) address										
*	Your IBAN										
*	Your SWIFT BIC										
	Creditor's name	Wolters Kluwe	er (Ireland) Ltc	ł						
	Creditor identifier	IE49ZZZ307028	3								
	Creditor address:	3 Haddington I Dublin DO4 T2 Republic of Ire	253	Perc	y Pl	ace,					
*	Type of payment	Recurrent pay	ment [] (or	One	e-of1	f pay	me	nt	
*	City/town of signing										
*	Date										
*	Signature										
Plea	Your rights regarding the above se return completed mand lirectdebits@wolterskluwer	ates to Wolters K			-				-	r baı	nk.