

Hive Insurance Services

SEPA Direct Debit Mandate



Unique Mandate Reference

Creditor Identifier: IE79API303578

Legal Text: By signing this mandate form, you authorise (A) Hive Insurance Services DAC to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Hive Insurance Services DAC.

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 below marked *

*Your name:

*Your address:

*City/postcode:

*County:

*IBAN (International Bank Account Number)

*Swift BIC:

Hive Insurance Services DAC
Suite 211, Unit 3013, Lake Drive, Citywest Business Campus, Dublin 24, Ireland.

Type of payment is Recurrent/Repeated

*Date of signing:

*Signature(s):

Please return this mandate to:
Hive Insurance Services DAC, Suite 211, Unit 3013,
Lake Drive, Citywest Business Campus, Dublin 24.

*Person on whose behalf payment is made:
(name of policyholder, if different to above)