

SEPA DIRECT DEBIT MANDATE FORM

ORIGINATOR: FLOGAS NATURAL GAS LIMITED

CREDITOR ID: IE92ZZZ361059

DEBTOR NAME:

UNIQUE MANDATE REFERENCE:
(For office use only)

DEBTOR ADDRESS:

IBAN ACCOUNT NO:

BANK BIC NO:

PAYMENT TYPE:

RECURRENT: YES

SIGNATURE:

DATE:

SIGNATURE:

DATE:

By signing this mandate form, you authorise (A) Flogas Natural Gas Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Flogas Natural Gas 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 rights are explained in a statement that you can obtain from your bank.

PLEASE RETURN TO: FLOGAS NATURAL GAS LIMITED

Knockbrack House, Matthews Lane, Donore Road, Drogheda, Co. Louth. Phone 1850 306 800.

