

## SEPA Direct Debit Mandate

Creditor Identifier Number: IE50ZZZ304585

Please use BLOCK CAPITALS throughout.			
Your Name:			
Unique Mandate Refere	nce: M		
Your Address:			
City/Postcode:		0	Country:
Please return to:			
Creditor's Name:	IACP Ltd		
Creditor's Address:	First Floor Marina House 11-13 Clarence Street Dun Laoghaire Co. Dublin		
Signature:			
Date of signing:			
Account Number (IBAN)			
Swift BIC:  Please tick box, only if you want to pay your fees over 3 months – Jan/Feb/March			
Type of Payment:	Recurrentlace until member instructs us otherwise)	<u>or</u>	One-Off (please tick one) (To pay the next annual fee only – no further years)
Legal Text: By signing this mandate form, you authorise (A) IACP 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 IACP 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 above.

IACP gather and process your personal information in accordance with the relevant Irish Data Protection legislation and other, applicable laws. We process your personal information to meet our legal, statutory, and contractual obligations and to provide you with our products and services. We will hold your data securely and will never disclose your data to another organisation without your consent, unless required to do so by law. In addition, we only ever retain personal information for as long as is necessary. Should we engage the services of third party service providers in order to process your data, such processing is done in compliance with the applicable legislation, and within the terms of a formal, written contract.