

SEPA Direct Debit Mandate



Creditor's Name	JP Morgan Chase Bank, N.A EUR DD re. International Medical Group Limited, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff, CF24 0EL, United Kingdom
Identifier of the Creditor	GB70ZZZSDDCHAS00000041317119
Mandate Reference (to be completed by the Creditor)	

By signing this mandate form, you authorise (a) JP Morgan Chase Bank, N.A EUR DD - International Medical Group Limited to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instructions from JP Morgan Chase Bank, N.A EUR DD - International Medical Group 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. Note: Your rights are explained in a statement that you can obtain from your bank.

Name of Debtor(s)

SWIFT BIC

Your address / Street name and number

Account number (IBAN)

Signature(s)

Postcode

City/Town

City or town in which you are signing

Country

Date

Identification number of the underlying contract (Policy No.)

Type of Payment:

☐

Recurrent payment

☐

One-off payment

Details regarding the underlying relationship between the Creditor and the Debtor - for information purposes only

Name of the Debtor Reference Party (if you are making a payment in respect of an arrangement between - IMG and another person)

If you are paying on your own behalf, leave blank.

Please return to:

E: ClientFinanceIntl@imglobal.com

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