

SEPA Direct Debit Mandate Form

Ref./Account No.:



GO, Triq Fra Diego, Marsa, MRS 1501, Malta
t 8007 2121 f +356 2594 5895
e customercare@go.com.mt w www.go.com.mt
Company Registration Number: C22334
EXO 413 - VAT Registration Number: MT1282-6209

Outlet/Department:	Date:
Manual File Reference:	

YOUR PERSONAL DETAILS

Account No.:
Name & Surname:
Postal Address:
Contact No/s.:

YOUR BANK DETAILS

IBAN:
Bank's Name:
Bank's BIC:

OTHER INFORMATION

GO SEPA Identifier:
Type of Payment: Recurrent <input type="checkbox"/> One-Off <input type="checkbox"/>

DECLARATION

By signing this mandate form, you authorise **GO** to send instructions to your bank to debit your account, and your bank to debit your account in accordance with the instructions from **GO**.

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.

Name & Surname (Block): _____ Name & Surname (Block): _____

I.D. Card/Passport No.: _____ I.D. Card/Passport No.: _____

Signature: _____ Signature: _____

GO Rep. Name & Surname: _____ GO Rep. Signature: _____

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

FOR BANK USE ONLY