SEPA DIRECT DEBIT MANDATE

UNIQUE MANDATE REFERENCE (OFFICE ONLY) P Z B

CREDITOR IDENTIFIER I E 1 9 Z Z Z 3 0 0 6 8 1

By signing this mandate form, you authorise (A) NTMA and/or its agents including The Prize Bonds Company to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from NTMA and/or its agents including The Prize Bonds Company.

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

PLEASE COMPLETE ALL THE FIELDS FOLLOWING MARKED*

NAME(S) OF BANK ACCOUNT HOLDER* (Name on Debtor's Account)

BANK ACCOUNT HOLDER ADDRESS*

CITY & EIRCODE

COUNTRY*

BANK ACCOUNT HOLDER'S IBAN NUMBER*

PLEASE ENTER THE IBAN NUMBER FROM TOP LEFT HAND BOX

BANK ACCOUNT HOLDER IDENTIFER CODE - BIC/SWIFT*

CREDITORS NAME
(PLEASE RETURN TO)

THE PRIZE BONDS COMPANY DAC,
FLOOR 3B, GPO, O'CONNELL STREET LOWER, DUBLIN 1, IRELAND

TYPE OF PAYMENT: RECURRENT PAYMENT ☑

SIGNATURE(S) OF BANK ACCOUNT HOLDERS*
(AUTHORISED SIGNATORIES ON DEBTORS BANK ACCOUNT TO THE LEFT)

1.

2.

DATE OF SIGNATURE(S)* D D M M Y Y Y Y