

SEPA Direct Debit Mandate Form

Ref./Account No.



GO, Fra Diegu Street Marsa, MRS 1501, Malta
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e customercare@go.com.mt w www.go.com.mt
Company Registration No. C22334
VAT Registration No. MT1282-6209

Outlet/Department	Date
Manual File Reference	

ACCOUNT HOLDER PERSONAL DETAILS
GO Account No.
Account Name
Document No.
Document Type
Document Origin

PAYER'S PERSONAL DETAILS
Name & Surname
Document No.
Contact No/s.
Postal Address

YOUR BANK DETAILS
IBAN
<i>The IBAN is available on your bank account statement</i>

DECLARATION

By signing this mandate form, you are authorising 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 on a recurring basis.

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.

Meta tiffirma din il-formola, inti tkun qed tawtorizza lill-GO biex tibghat istruzzjonijiet lill-bank biex jigbed il-flus mill-kont bankarju tieghek, u lill-bank biex jiddebitalek il-kont skond l-istruzzjonijiet tal-GO, fuq baži rikorrenti.

Bħala parti mid-drittijiet tieghek, inti tista' titlob rifużjoni minn għand il-bank tieghek skond it-termini u l-kundizzjonijiet tal-ftehim tieghek mal-bank. Rifuzjoni trid tiġi mitluba fi żmien 8 ġimgħat minn meta għie iddebitat il-kont tieghek.

Name & Surname (Block) _____

Name & Surname (Block)

*To be filled in case of
a joint account holder*

Document No. _____

Document No. _____

Signature _____

Signature _____

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

FOR BANK USE ONLY