



Hiscox Direct Debit Mandate (Ireland)

Thank you for applying to pay for your Hiscox policy under the Direct Debit Scheme
Please complete in BLOCK CAPITALS using BLACK INK and send to Hiscox Underwriting Ltd.

TITLE _____ POLICYHOLDER(S) NAME _____
(PLEASE INDICATE BOTH NAMES IF JOINT POLICYHOLDERS)

ADDRESS _____
_____ POSTCODE _____

If this application is on behalf of a company please provide:
CONTACT NAME: _____ NAME OF COMPANY: _____

FOR HISCOX UNDERWRITING LTD OFFICIAL USE ONLY
This is not part of the instruction to your Bank.

Policy number:



Instruction to your Bank to pay by Direct Debit



Please fill in the whole form using a ball point pen and send it to: 25 London Road, Sittingbourne, Kent, UK, ME10 1PE

Originator's Identification Number:

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Name(s) of Account Holder(s)

FOR HISCOX UNDERWRITING LTD OFFICIAL USE ONLY
This is not part of the instruction to your Bank.

Branch Sort Code (from the top right hand corner of your cheque)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please indicate your preferred date for making payment:
1st 8th 15th 22nd

Bank account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Would you prefer to make your payment:
monthly quarterly annually

Name and full postal address of your Bank branch

By signing this Direct Debit Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

To: The Manager
..... Bank
Address:
.....
..... Postcode

- Your instructions to the Bank, and your Signature**
- I instruct you to pay Direct Debits from my account at the request of Originator Co. Ltd.
 - I confirm that the amounts debited are variable and may be debited on various dates.
 - I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also notify Originator Co. Ltd. of such cancellation.

Originators reference

Signature(s)
Date:

Banks may not accept Direct Debit instructions for some types of account.

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then:
 - your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank if the amount is so charged.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank.