SEPA DIRECT DEBIT MANDATE UMR (OFFICE ONLY) BANK ACCOUNT HOLDER'S IBAN NUMBER* | S | S | CREDITOR IDENTIFIER \mid I \mid E \mid 1 \mid 9 \mid Z \mid Z \mid Z \mid 3 \mid 0 \mid 1 \mid 0 \mid 4 \mid 6 \mid By signing this mandate form, you authorise (A) NTMA (and/or its agents) 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). PLEASE ENTER THE IBAN NUMBER FROM TOP LEFT HAND BOX As part of your rights, you are entitled to a refund from your bank under the terms and BANK ACCOUNT HOLDER IDENTIFER CODE - BIC/SWIFT* 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 CREDITORS NAME obtain from your bank. STATE SAVINGS, GPO, FREEPOST, DUBLIN 1, IRELAND (PLEASE RETURN TO) PLEASE COMPLETE ALL THE FIELDS FOLLOWING MARKED* TYPE OF PAYMENT: RECURRENT PAYMENT NAME(S) OF BANK ACCOUNT HOLDER* (Name on Debtor's Account) SIGNATURE(S) OF BANK ACCOUNT HOLDERS* (AUTHORISED SIGNATORIES ON DEBTORS BANK ACCOUNT TO THE LEFT) BANK ACCOUNT HOLDER ADDRESS DATE OF SIGNATURE(S)* | D | D | M | M | Y | Y | Y | Y |EIRCODE* COUNTRY* **INSTALMENT SAVINGS HOLDER (1)** NAME (IF DIFFERENT FROM A/C HOLDER OVERLEAF) INSTALMENT SAVINGS CUSTOMER ACC. NO.

INSTALMENT SAVINGS HOLDER (1) ADDRESS (IF DIFFERENT FROM A/C HOLDER OVERLEAF)

INSTALMENT SAVINGS HOLDER (2) NAME (IF DIFFERENT FROM A/C HOLDER OVERLEAF)

INSTALMENT SAVINGS HOLDER (2) ADDRESS (IF DIFFERENT FROM A/C HOLDER OVERLEAF)

| | | | | | | | | EIRCODE | | | | | | |

THE MAXIMUM DIRECT DEBIT AMOUNT IS €1,000.00

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