PRIZE BOND HOLDER (1) NAME (IF DIFFERENT FROM A/C HOLDER OVERLEAF)	PRIZE BOND CUSTOMER ACC. NO.
PRIZE BOND HOLDER (1) ADDRESS (IF DIFFERENT FROM A/C HOLDER OVERLEAF)	VALUE OF PAYMENT* €
	(FIRST PAYMENT FRO
EIRCODE	
PRIZE BOND HOLDER (2) NAME (IF DIFFERENT FROM A/C HOLDER OVERLEAF)	
	A STATE OF THE STA
PRIZE BOND HOLDER (2) ADDRESS (IF DIFFERENT FROM A/C HOLDER OVERLEAF)	
	Prize Bonds State Samus
	State Saring
EIRCODE	
	PTO FOR
	DIRECT DEBIT
	DETAILS

SEPA DIRECT DEBIT MANDATE

UNIQUE MANDATE REFERENCE (OFFICE ONLY) P Z B	BANK ACCOUNT HOLD	er's iban number*
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.		BER FROM TOP LEFT HAND BOX
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.	BANK ACCOUNT HOLE	DER IDENTIFER CODE - BIC/SWIFT*
Note: your rights regarding the above mandate are explained in a statement that you can obtain from your bank.	CREDITORS NAME (PLEASE RETURN TO)	THE PRIZE BONDS COMPANY DAC, FLOOR 3B, GPO, O'CONNELL STREET LOWER, DUBLIN 1, IRELAND
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*	1.	
	2.	
CITY & EIRCODE	DATE OF SIGNATURE(S	*,*
COUNTRY*		