

By signing this mandate form, you authorise (A) **Eurofins Biomnis Ireland LTD T/A Eurofins Biomnis** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Eurofins Biomnis Ireland LTD T/A Eurofins Biomnis**. As part of your rights, you are entitled to a refund from your bank under the terms & conditions of your agreement with the bank. Refunds must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement available from your bank.

Unique Mandate Reference *For Office Use Only*

Please complete and return this mandate to marketing@ctie.eurofinseu.com

| | | | |
|--------------------------|---|-----------------------------|---------------------|
| Creditor's Name: | Eurofins Biomnis Ireland LTD T/A Eurofins Biomnis | Creditor Identifier: | IE52SDD306780 |
| Creditor Address: | Three Rock Road, Sandyford Business Estate | City: | Dublin 18 |
| Post code: | Co. Dublin | Country: | Republic of Ireland |

Please complete all the fields marked*

Type of payment*: Recurrent Payment OR One-Off payment

Debtor's Name*:

Debtor Address:

City: **Post code:** **Country:**

Email:

Phone:

Debtor Account Number - IBAN*:

Debtor Bank Number - BIC*:

Signature:

Date of Signature: / /
DAY MONTH YEAR