

SEPA Direct Debit Mandate Form

Ref./Account No.



GO, Fra Diegu Street Marsa, MRS 1501, Malta
t 8007 2121 f +356 2594 5895
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	

YOUR PERSONAL DETAILS

GO Account No.
Name & Surname
Postal Address
Contact No/s.

YOUR BANK DETAILS

IBAN

DECLARATION

By signing this mandate form, you authorise 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.

Name & Surname (Block) _____

Name & Surname (Block) _____

I.D. Card/Passport No. _____

I.D. Card/Passport No. _____

Signature

Signature

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

Version 1.2_23092019

FOR BANK USE ONLY