Application for the purchase of a TV Licence by Direct Debit from a Bank Current Account



Part 1 of 2

TV Licence Details (* denotes mandato	ry fields))											
TV Licence Account Reference Number													
Full name on the TV Licence Only one name may be on the TV Licence	*												
Full Address the TV Licence is to cover	*												
2000	_												
Postal Address if different	-												
Contact Phone Number	*												
TV Licence Holder Declaration I hereby agree to payment of my TV Licence by TV licence remains valid at all times. Non-reconceplacement TV Licence must be purchased in	eipt of th	ne full p	aymen	t will	resul	t in th	e revo	cation	of th	e TV L			that my
TV Licence Holder signature *	Date *												
all TV Licences purchased, or future TV Licence by post, on an annual basis of the amounts due change the frequency option for the payment of local TV Licence records office 16 days before you instruction after full payment has been made a The TV Licence fee is payable on a year to year	e to be de of your n our curre nd this a basis un	ebited fext TV I ent TV I greeme der the	rom yo Licence Licence ent will Broad	our Ba e, you e is du cont	ank Admust must ue to d inue t ng Act	ccount comp expire o run	t. See plete a . You on a y or un	www. new a may o ear to der su	tvlice applica nly ca year bsequ	nce.ie. ation f ncel y basis i ent er	Show form a four di funtil comp	uld you and send rect del ancelle passing	wish to d it to your bit d. legislation
·	basis un	der the	Broad	castii full c	ng Act	2009 the T	or un	der su nce. Y	bsequ ou are	ent er e legal	ncomp Ily req	passing uired to	legislation o continue
Protection TV Licence, leave the country or mo You are required to inform An Post TV Licences	ve to and	other pi	remises	s alre	ady c	overed	d by a	TV Lic	ence d	or for a	any ot	her circ	cumstance
The onus is on the Bank Account Holder to ens The TV Licence fee may be paid by an annual d that you require, annually, bi-annually, quarter Licence, the existing expiry date of the TV Licer collected in the first instalment.	ebit or b	y instalı nthly. V	ments. Vhere a	Plea dire	se tic ct del	k the boot	oox ind ndate	dicatin is beir	g the	freque up in	ency c respe	of direct	t debiting renewal TV
Tick Debit Frequency Annual	Bi-a	nnually	, \square		Qı	uarter	ly [М	onthly	, \square		
Bank Account Holder Declaration I hereby instruct my Bank to pay Direct Debits may be variable. I shall duly notify An Post TV completion of payment for the current TV Lice from my Bank Current Account and I fully account	Licence i	in writii gree to	ng if I w the te	vish t rms a	o cano nd co	cel thi nditio	s instr	uction paying	but s the T	hall or	nly do	so upo	n
Bank Account Holder signature *							Date	*					
Part 1 - Application for the purchase of a TV Lic	cence an	d Part 2	2 - SEP <i>I</i>	A Dire	ct De	bit M	andate	e form	n must	be co	mple	ted	
IECKLIST: Have you completed all mandatory sections? (Have you <u>signed</u> both sides of the form?					_ [[i		

Please complete and return to your local TV Licence Records Office. See: - www.tvlicence.ie

An Post TV Licence reserves the right to decline a Direct Debit mandate as a TV Licence payment option. Banks may refuse to accept instructions to pay Direct Debits from some types of bank accounts

Information provided to An Post TV Licence is securely and safely held and processed by An Post TV Licence in accordance with relevant legislation, including the Data Protection Acts 1988-2003.

SEPA Direct Debit Mandate PART 2 of 2 Unique Mandate V V Reference (Unique Mandate Reference will be created by TV Licence records office) IE48ZZZ300450 Creditor Identifier By signing this mandate form, you authorise (A) An Post TV Licence to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from An Post TV Licence. 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. Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank. Please complete all the fields below marked * **Bank Account Holder** Name: (Name on Debtor's Bank Account) **Bank Account Holder** Address: * City/Post Code: Country: **Bank Account Holder's IBAN Number: Bank Account Holder** Identifer Code -**BIC / SWIFT:** Creditor Name: An Post TV Licence Creditor Address: 3B GPO, O'Connell Street City: Dublin 1 Country: Ireland Type of Payment: Recurrent payment Date of signature: M V D Signature(s): (Authorised Signatories of Bank Account Holder above) Block Capitals: