

SEPA DIRECT DEBIT MANDATE

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Mandate reference - to be completed by the creditor

By signing this mandate form, you authorize (A) VESTA HOLIDAYS LTD to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from VESTA HOLIDAYS LTD.

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.

	Full name of the debtor(s)									
	ID Number/ARC or Passport number Street name and number									
Address:										
	Postal Code	City	Country							
	E-mail		Telephone							
Bank account letails:	IBAN number	11111111		шш						
	SWIFT (BIC) Bank Name ate is to apply for the following property only: BlockVilla/Maisonette/Apt/Shop									
editor's name	: Vesta Holidays Ltd	Credito	or's Identifier: CY07ZZZ03	186						
Carcor 3 maine		8128	Paphos de City	Cyprus						
ddress:	P.O. BOX: 60195 Post-office box	Postal co	de City	Country						
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pe of payment ment will be made as a note that chat mature (s):	Post-office box It: Recurrent payment Ite quarterly in the months of Januaries to these payment periods call	or One - off payment ary, April, July & October and no n be made without prior notice.	t	Country						