SEPA Direct Debit Mandate *Unique Mandate Reference *Creditor Identifier: IE77ZZZ111360 Legal Text: By signing this mandate form, you authorise (A) Go Power Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Go Power 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. Your rights are explained in a statement that you can obtain from your bank. Please complete all the fields below marked * *Your Name: Address Line 1_____ Your Address: Address Line 2_ * Country: *City/postcode * Account number(IBAN) *Swift BIC *Creditors Name: Go Power Limited *Creditors Address Line 1: 1 Lissan Road, *Address Line 2: Cookstown BT80 8EN *Country: Northern Ireland *Type of payment Recurrent \bigcirc or One-Off Payment \bigcirc (Please tick \lor) *Date of signing: *Signature(s) Please return this mandate to the creditor