

Bereavement Request Form

This form is used to cancel or transfer services following the death of an account holder. Complete all fields and submit via email to support@ifatelecom.ie or by post to IFA Telecom, Irish Farm Centre, Bluebell, Dublin D12 YXW5.

Deceased Customer

Full Name:	
Account Number:	
Contact Number:	
E-mail Address:	
Full Address:	

Account Services

Phone

Broadband

Phone & Broadband

Requester Details

Full Name:	
Contact Number:	
Email Address:	
Relationship with Account Holder:	

Required Actions

Close Account

Transfer Ownership

Additional Information

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If Transferring Ownership, Please Confirm Payment Method

Direct Debit (Page Two)

Please Contact me to arrange payment.

Declaration and Signature

I hereby confirm that the information provided is accurate and that I am authorised to make this request. I also permit IFA Telecom to contact me to confirm this request and to advise on any further actions that may be required. I understand that processing may take up to 5 working days.

Signature:

Date of Signature:

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We understand that this may be a difficult time, and IFA Telecom is committed to supporting you with your request in a hassle-free manner. If you require any further information regarding this form or the account in question, please do not hesitate to contact our customer support team at any time on 0818 924 851

SEPA Direct Debit Mandate

Unique Mandate Reference (UMR) – to be completed by IFA Telecom Limited

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By signing this mandate, you authorise IFA Telecom Limited to send instructions to your bank to collect payments from your account. You also agree that your bank will process these payments in accordance with IFA Telecom Limited's instructions.

You have the right to request a refund from your bank if applicable, under the terms of your banking agreement. Any refund must be claimed within 8 weeks of the date your account was debited. For more information about your rights, please ask your bank for a statement.

Please complete all fields marked with an asterisk (*). Other fields are optional. Use **BLOCK CAPITALS** when filling out this form.

Account Holder

Your Name*	
Contact Number*	
E-mail Address*	
Full Address*	

Debiting Account Details

BIC*	
IBAN*	

Creditor Account Details

Creditor's Name	IFA TELECOM LIMITED
Creditor's Identifier	IE 32SDD303648
Creditor's Address	IFA TELECOM, IRISH FARM CENTRE, BLUEBELL, DUBLIN 12, D12 YXW5

Type of Payment

Recurring Payment

One-off Payment

Customer Signature(s)

Signature 1*		Date Signed*	
Signature 2		Date Signed	

Please ensure all fields marked with * are completed and return the form to IFA Telecom, Irish Farm Centre, Bluebell, Dublin 12, D12 YXW5. If you require any assistance, please contact our customer support team on 0818 924 851.