CITI MANDATE: (ANTIGUA and BARBUDA)

Application for payment by direct deposit.

TICK AS APPROPRIATE										
NEW	AMENDMENT									

HOW TO FILL IN THE FORM

- Please read the leaflet carefully then fill in the form in CAPITAL LETTERS.
- Fill in Parts 1 and 2. Your overseas bank will help you if you are not sure.
- Sign Part 3
- The Company remitting your payment will complete the Reference number field.

Your Name:	Forena	me(s)				Sur	name			
Your Address:										
Your Referen	ce Numl	per:			Sc	heme:				
PART 2 Full Name of Bank or Financial Institution										
Full Address of Bank or Financial Institution										
Name of Account Holder										
Name of Acce	ount Hote	<u> </u>								
Bank	routing ı	10.				Branch ⁻	ransit c	ode		_
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Bank Identific	ation Co	cavings and signal and	tional Accou gs Acc t BIC)	unt count						paid by direct deposit to the