CITI MANDATE: (BAHAMAS)

Application for payment by direct deposit.

TICK AS APPROPRIATE						CURRENCY USED BY		
NEW		AMENDMENT				YOUR ACCOUNT		
 HOW TO FILL IN T Please read the leaf Fill in Parts 1 and 2. Sign Part 3. The Company remitted 								
PART 1 Your Name: Forena	ame(s)		Surn	ame				
Your Address:								
Your Reference Num	ber:	Sch	neme:					

PART 2

Full Name of Bank or Financial Institution

Full Address of Bank or	Financial Institution
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Name of Account Holder

Account number

Bank routing no.	Branch Transit code						

Account type :(Tick one ✓) Optional

Savings Account Checkings Account

Others

Bank Identification Code (Swift BIC)

PART 3. Please read and sign below.

I have read and understood the leaflet which accompanied this form and wish the payment to be paid by direct deposit to the account noted above.

Signature

IMPORTANT

PLEASE CONFIRM THE TYPE OF Y USED BY COUNT

Date _____