

CITI MANDATE: (FIJI)

Application for payment by direct deposit.

PLEASE TICK WHETHER THIS IS A NEW BENEFICIARY OR AN AMENDMENT TO EXISTING DETAILS

<input type="checkbox"/> NEW	<input type="checkbox"/> AMENDMENT
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IMPORTANT
PLEASE CONFIRM THE TYPE OF CURRENCY USED BY YOUR ACCOUNT
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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.
- If you have nominated a cheque account, please attach a cheque, clearly marked 'CANCELLED', to the application.

PART 1.	
Your Name: Forename(s)	Surname
Your Address: _____	
Your Reference Number:	Scheme:
PART 2	
Full Name of Bank or Financial Institution	
Full address of bank or financial institution _____	

Name of account holder

Account number
| | | | | | | | | |

Bank/Branch code -
| | | - | | |

Bank State Branch (BSB)
| | | | | |

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 _____ Date _____