

# CITI MANDATE: (LATVIA-SEPA)

**IMPORTANT**  
**PLEASE CONFIRM**  
**THE TYPE OF**  
**CURRENCY USED**  
**BY YOUR**  
**ACCOUNT**

.....

(Tick one ✓)

<input type="checkbox"/> NEW	<input type="checkbox"/>	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/>
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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.

<u>PART 1</u>	
Forename(s)	Surname
Your Address: _____	
Your Reference Number:	Scheme:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<u>PART 2</u>
Full Name and Address of Bank or Financial Institution _____ _____

**International Bank Account Number (IBAN) MANDATORY**

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**Bank Identification Code (Swift BIC) MANDATORY**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**Name of Account Holder MANDATORY**

_____
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**Account type :(Tick one ✓) Mandatory**

<input type="checkbox"/>	<b>01 Savings Account</b>
<input type="checkbox"/>	<b>02 Checking and Current Account</b>
<input type="checkbox"/>	<b>03 Others</b>

**Bank Code Number ONLY MANDATORY FOR NON EURO PAYMENTS**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**Account Number ONLY MANDATORY FOR NON EURO PAYMENTS**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<p><u>PART 3.</u> Please read and sign below.</p> <p>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.</p> <p>Signature _____ Date _____</p>
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