

CITI MANDATE: (JAMAICA)

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.

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

PART 1.
Your Name: Forename(s) _____ Surname _____

Your Address: _____

Contact Telephone Number/ Email Address: _____

Your Pension Reference Number: _____ Scheme: _____

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PART 2
Full Name of Bank or Financial Institution (Max 70 Characters)

Branch Name & complete address of bank

Name of account holder

Account number (maximum 13 digits - no hyphens '-' or slashes '/' or characters allowed)

Bank Identification Code (Swift BIC)

Account type :(Tick one ✓) Optional

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Savings Account |
| <input type="checkbox"/> | Checkings Account |
| <input type="checkbox"/> | Others |

(INTERNAL USE – WHEN INPUTING DETAILS USE “WIRE MODE”)

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 _____