

CITI MANDATE: (PORTUGAL-SEPA)

IMPORTANT

PLEASE CONFIRM THE TYPE OF CURRENCY USED BY YOUR ACCOUNT

.....

(Tick one ✓)

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

PART 1

Forename(s)

Surname

Your Address:

Your Reference Number:

Scheme:

PART 2

Full Name and Address of Bank or Financial Institution

International Bank Account Number (IBAN) MANDATORY

Bank Identification Code (Swift BIC) MANDATORY

Name of Account Holder MANDATORY

Account type : (Tick one ✓) Mandatory

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 01 Savings Account
- 02 Checking and Current Account
- 03 Others

ONLY MANDATORY FOR NON EURO PAYMENTS

Bank code				Branch code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ONLY MANDATORY FOR NON EURO PAYMENTS

Target Account number

Target Account number										Check digits	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 _____