

CITI MANDATE: (SEYCHELLES)

IMPORTANT
PLEASE CONFIRM THE TYPE OF CURRENCY USED BY YOUR ACCOUNT
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(Tick one ✓)

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

PART 1

Forename(s)

Surname

Your Address (PO Boxes not acceptable):

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"/>
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PART 2

Full Name and Address of Bank or Financial Institution

Account Number

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Bank Identification Code (Swift BIC)

<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

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Account type :(Tick one ✓)

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

01 Savings Account

02 Checking and Current Account

03 Others

Reason for Payment

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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 _____