

# CITI MANDATE: (YEMEN)

**Application for payment by direct deposit.**

**TICK AS APPROPRIATE**

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

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

<b>PART 1.</b>																							
Your Name: Forename(s):	Surname:																						
Your Address: _____																							
_____																							
Your Telephone Number: _____																							
Your Pension Reference Number:	Scheme:																						
<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<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"/>	<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"/>	
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<b>PART 2</b> Full Name of Bank or Financial Institution
Branch Name & complete address of bank
_____
_____

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

<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"/>	<input type="text"/>	<input type="text"/>
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**Reason for Payment: Pension Payments**

<input type="text"/>
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**Name of account holder**

<input type="text"/>
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**Account number**

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:** \_\_\_\_\_