CITI MANDATE: (GAMBIA)	IMPORTANT					
Application for payment by direct deposit.	PLEASE CONFIRM THE TYPE OF CURRENCY USED BY					
TICK AS APPROPRIATE	YOUR ACCOUNT					
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. The Company remitting your payment will complete the Remitter Code and Reference nu fields. 	mber					
PART 1. Your Name: Forename(s) Surname						
Your Address:						

Your Reference Number:	Scheme:	

PART 2

Full Name of Bank or Financial Institution
Branch Name & complete address of bank

Beneficiary Bank Identification Code (Swift BIC)

Beneficairy bank's USD correspondent code or Swift code

Nam	o of	200	ount	hol	dor		

Account number

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 _____