## **CITI MANDATE: (GRENADA)**

## Application for payment by direct deposit.

TICK AS APPROPRIA	TE		
NEW		AMENDMENT	

$\square \cap \square$	TO FIL	INI TL	IE EORM

- 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 Reference number field.

• The Compa	iny remitting	your payin	ent will con	ibiere ille i	veiei ei ic	e numb	ei lieic	J.			
PART 1											
Your Name:	Forename	e(s)		Sı	ırname						
Your Address	<b>:</b> :										
Your Referen	co Numbor	r·		Scheme:							 
Tour Keleren				Scrienie.							
PART 2											
Full Name of	Bank or Fir	nancial Ins	titution								
Full Address	of Bank or	Financial l	netitution:								
i uli Audiess	OI Dalik OI	i illaliciai il	nsulution.								
Name of Acco	ount Holder	•									
Account number	oer	1							1	1	
0 0	0	0 0	0								
			1 - 1							<u> </u>	
Bank routing	no.	Branch Tr	ansit code	•							
	I										
Account type	:(Tick one v	✓) Mandato	ry								
Savings											
		eckings									
	Oth	ers									
Bank Identification Code (Swift BIC)											
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. I have also enclosed a letter as required from my bank.											
											1
Signature							-	Date			

**IMPORTANT** 

PLEASE CONFIRM THE TYPE OF

YOUR ACCOUNT

**CURRENCY USED BY**