CITI MANDATE: (PAKISTAN)

Application for payment by direct deposit.

account noted above.

TICK AS APPI	ROPRIATE			CURRENCY USED BY
NEW		AMENDMENT		YOUR ACCOUNT
	d the leaflet carefully 1 and 2. Your over	then fill in the form in (seas bank will help you		
PART 1. Your Name:	Forename(s):		Surname:	
Your Address:				
Your Telephon	e Number:			
•				
Your Reference	e Number:	Sch	neme:	
PART 2 Full Name of Bank or Financial Institution				
Branch Name & complete address of bank				
Beneficiary Ba	ank Identification C	ode (Swift BIC)	Your Passport N	umber
Your Compute	erized National Iden	tity Card/Smart Natio	nal Identity Card Number (Mandate	ory)
	(please tick) (Mand			
01 () 02 ()		Savings Checkings		
03 ()		Others		
Danafiaiam, ha	ukla USD aawaana	ndont oods on Cwift a	ands (if applicable)	
Beneficiary ba	ink's USD correspo	ndent code or Swift o	code (ir applicable)	
International E	Bank Account Num	ber (IBAN) (Mandator	y)	
Name of account holder				
Account number				
PART 3 Please	e read and sign below	_		
I have read and	understood the leafle	et which accompanied tl	his form and wish the payment to be p	aid by direct deposit to the

IMPORTANT

THE TYPE OF

Date _____

PLEASE CONFIRM