CITI MANDATE: (SOUTH AFRICA)

Application for payment by direct deposit.

TICK AS APPROPRIA	TE	
NEW	AMENDMENT	

IMPORTANT

PLEASE CONFIRM THE TYPE OF CURRENCY USED BY YOUR ACCOUNT

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Signature

- 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. Your Name:	Forenam	ne(s)				Surnan	ne					
Your Address	:											
Contact Telep	hone Nur	nber/Em	nail Add	ress:								
Your Pension	Referenc	e Numb	er:		Schem	e:						
PART 2 Full Name of	Bank or F	inancial	Instituti	on								
Branch Name	& comple	ete addr	ess of b	ank								
Name of accou	ınt holder											
South African	National C	Clearing	Code									
ZA												
Account numb	er											\neg
Pank Identifie	ation Code	o (Swift I	BIC)				<u> </u>					
Bank Identifica	ation Code	e (Switt)	ыс)									
BOP Code 407 – Internal use only												
Domicile statu	s - Manda	tory		R if I	Resideı	nt / N if	Non-R	eside	nt			
PART 3. Plea	ase read	and sig	n belov	٧.								
I have read and deposit to the a				n accom	npanied	this forr	n and v	wish th	ne paym	ent to be	paid by	direct

Date