CITI MANDATE	• (St Holona		
)	IMPORTANT
Application for payment I	by direct deposit		PLEASE CONFIRM THE TYPE OF CURRENCY USED BY
NEW	AMENDMENT		YOUR ACCOUNT
HOW TO FILL IN THE FOR Please fill in the form in CAPI Fill in Parts 1 and 2. Your ov Sign Part 3.	TAL LETTERS.	you if you are not sure.	
PART 1. Your Name: Forename(s)		Surname	
Your Name: Forename(s)		Sumame	
Your Address:			
Contact Telephone Number/	Email Address:		
Your Pension Reference Nun	nber: Sch	eme:	
PART 2			
Full Name of Bank or Financia	al Institution (Max 7	0 Characters)	
Branch Name & complete add	dress of bank		
			· · · · · · · · · · · · · · · · · · ·
Name of account holder			

Accoun	t numb	er (max	imum 1	3 digits	- no hy	phens '	-' or sla	shes '/'	or char	acters a	allowed	

Bank Id	entificati	ion Code	e (Swift I	BIC)		•		

<u>Account type :</u>(Tick one ✓) Optional

Savings Account Checkings Account Others

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 _____