## **CITI MANDATE: (ST KITTS and NEVIS)**

**IMPORTANT** 

PLEASE CONFIRM THE TYPE OF

YOUR ACCOUNT

**CURRENCY USED BY** 

## Application for payment by direct deposit.

TICK AS APPROPRIA	TE		
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.

		r payment wil	ii oompioto		ioo mambe	or noid.				
PART 1. Your Name:	Forename(s)			Surname	)					
Your Address	s:									
Your Referer	nce Number:		Sch	eme:						
	Bank or Financ									
Branch Name	e & complete ac	ldress of ba	nk							
Name of acco	unt holder									
Name of acco	unt holder		Bra	nçh Transit	code					
			Brai	nch Transit	code					
Bank r	outing no.		Brai	nch Transit	code					
	outing no.		Brai	nch Transit	code					
Bank r	outing no.  ber  :(Tick one ✓) Ma	andatory Account gs Account		nch Transit	code					
Account num  Account type	outing no.  ber  :(Tick one ✓) Ma Savings Checkin	Account gs Account		nch Transit	code					
Account num  Account type	outing no.  ber  :(Tick one ✓) Ma Savings Checkin Others	Account gs Account		nch Transit	code					
Account num  Account type  Bank Identific	outing no.  ber  :(Tick one ✓) Ma Savings Checkin Others	Account gs Account ft BIC)		nch Transit	code					
Account num  Account type  Bank Identific	outing no.  ber  :(Tick one ✓) Ma Savings Checkin Others :ation Code (Swi	Account gs Account ft BIC) below.				ent to be	paid by	v direct	deposit	t to the