CITI MANDATE: (SWAZILAND)

Application for payment by direct deposit.

TICK AS APPROPRIATE	TICK	AS	APPI	ROPE	SIATE	
---------------------	-------------	----	------	------	-------	--

	· -	
NEW	AMENDMENT	

HOW TO FILL IN THE FORM

- Please read the leaflet carefully then fill in the form in CAPITAL LETTERS.

Fill in PartsSign Part 3	1 and 2. Yo	ur overseas	bank will	help yo	ou if you	ı are no	t sure.			•••••	
PART 1. Your Name:	Forename	e(s)			Surna	ame					
Your Address	S: (PO Boxes no	ot acceptable)									
Contact Tele	ohone Num	ber/Email <i>i</i>	Address:								
Your Pension	Reference	Number:		Scher	ne:						
PART 2 Full Name of											
Branch Name	e & complet	e address	of bank								
Name of account holder (Mandatory)											
Account num	ber										
Bank Identific	ation Code	(Swift BIC)					1	1			
Reason for Payment (Internal Use)											
				•••••		•••••	•••••	•••••	•••••		
PART 3. Please read and sign below.											
I wish for the payment to be paid by direct deposit to the account noted above.											
Signature								Date			

IMPORTANT

PLEASE CONFIRM THE TYPE OF

CURRENCY USED BY YOUR ACCOUNT