CITI MANDATE: (SWEDEN-SEPA)

(Tick one ✓)	PLEASE CONFIRM	
NEW /	AMENDMENT	THE TYPE OF
HOW TO FILL IN TH Please read the leafle Fill in Parts 1 and 2.		
Sign Dort 2		

Fill Sign Part 3.

PART 1	
Forename(s)	Surname
Your Address:	
Your Reference Number:	Scheme:
PART 2 Full Name and Address of Bank or Finar	icial Institution

International Bank Account Number (IBAN) MANDATORY

Bank Identification Code (Swift BIC) MANDATORY

Name of Account Holder MANDATORY

Account type :(Tick one ✓) Mandatory

01 Savings Account

02 Checking and Current Account 03 Others

Account Number ONLY MANDATORY FOR NON EURO PAYMENTS

Note - The bene must inform the local bank that the transactions will be paid through local clearing.

Bank code ONLY MANDATORY FOR NON EURO PAYMENTS

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

IMPORTANT