

Beneficiary Mandate
APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER

Part 1 Beneficiary Details

Surname _____ Forename(s) _____
Address _____
Tel No or Email Address _____
Reference Number

Part 2 Account details

Name & Address of Bank
or Financial Institution: _____

BIC or SWIFT Code _____
Bank Number:
(If applicable)
Branch Number:
(If applicable)
Account Number:
Account Type: _____
e.g. Savings/Cheque/Bond/Transmission

This information is contained on your cheque. please contact your bank or financial institution if you require any assistance.

The account is in the name of

Part 3 Please read and sign below

I confirm that the information supplied above is correct and wish my payment to be paid by Direct Credit transfer to the account quoted above.

Signature

Date