

Payment Mandate **Botswana**

Application for payment by draft to home address or direct deposit into a bank account (Crown Agents to decide on method of payment)

PLEASE INDICATE WHETHER THIS IS A NEW INSTRUCTION OR AN AMENDMENT TO EXISTING ACCOUNT DETAILS

NEW [✓] AMENDMENT [✓]

- Fill in the form in CAPITAL LETTERS. Complete account number from the left & include any dashes (-).
- Complete Parts 1 and 2. Your bank will help you if you are not sure of the branch/bank codes.
- Sign Part 3.
- If you have nominated a cheque account, please attach a cheque, clearly marked 'CANCELLED', to this form.

PART 1

Your Name: _____
Forename(s) Surname
Your Full Address (including town, city and state): _____

Your Reference Number if you have one: FI2/

PART 2

Name of Bank or Financial Institution: _____
Branch where account held: _____
Town/city & State: _____
Full Address of Bank or Financial Institution _____

Bank Local Sort Code Number: _____ [If known]
Bank BIC (SWIFT) Code This can be obtained from your bank
Account Number: _____
Currency of account: _____
The Account is in the Name(s) of: _____

PART 3 Please sign below

Please pay my pension payments by direct deposit to the account noted above:

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Created (✓): Amended (✓): Inputter: _____ Date: _____
Other (specify): _____ Authoriser: _____ Date: _____