

## Payment Mandate Ghana

### Application for payment by direct deposit into a bank account

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 <u>Full</u> Address (including town, city and state):	_____
	_____
Your Reference Number if you have one:	FI2/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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/Bank Code Number:	_____ [If known]
Bank BIC (SWIFT) Code	<input type="text"/> 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 (✓): <input type="checkbox"/>	Amended (✓): <input type="checkbox"/>	Inputter: _____	Date: _____
Other (specify): _____	Authoriser: _____	Date: _____	