

Moving money where it's needed

## Payment Mandate MALTA for payment in EUR

Application for payment by direct deposit into a bank account.

NEW [✓]	AM	ENDMENT [✓]			
Complete Part Sign Part 3.	ts 1 and 2. Yo	our bank will help	te account number from the left & include any dashes (-). you if you are not sure of the codes. ease attach a cheque, clearly marked 'CANCELLED', to this form.		
PART 1					
Your Name:_					
Your Address		orename(s)	Surname 		
Your Referen	ce Number i	f you have one:	FI2/		
PART 2					
Name of Bank or Financial Institution:					
Name of Branch of Bank or Financial Institution:  Full Address of Bank or Financial Institution:					
ruii Auuress C	DI BAHK OF FI	nanciai mstitutio	011		
BIC (SWIFT co	ode)				
Account Num	ber:				
IBAN M T					
IBAN = International Bank Account Number					
The Account is in the Name(s) of:					
PART 3 Please sign below					
Please pay my p	ension payme	nts by direct deposi	sit to the account noted above:		
Signature:			Date:		

FOR OFFICE USE ONLY						
Created (✓):	Inputter:	Date:				
Other (specify):	Authoriser:	Date:				