

Payment Mandate **UNITED ARAB EMIRATES** for payment in AED

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 Address: _____

Your Reference Number if 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: _____

Bank BIC (SWIFT) Code: This can be obtained from your bank

Account Number:

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: _____