

## Payment Mandate **Sri Lanka**

**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: **F12/**

### 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: \_\_\_\_\_ |