

Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority and the Prudential Regulation Authority
 1, Moorgate, London, EC2R 6JH, Tel: + 44 (0) 20 7796 9600 Fax: + 44 (0) 20

STANDING ORDER REQUEST -UK PAYMENTS

Misc. ____/____/____

Date: ____/____/____

I would like to set up a standing order for my / our account as per the details given below: Type of

 Transfer: BACS FASTER PAYMENT CHAPS

 Amount (in figure): - \$ / € / £

Amount (in words): (_____)

 Date of First Payment:

 Date of Last Payment:

 Frequency: Weekly Monthly Quarterly Half Yearly Annually

 Until Further Notice: Charges (if applicable)
Beneficiary's Account Details:

Name:	<input style="width: 80%;" type="text"/>
Account Number:	<input type="text"/>
Sort Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name:	<input style="width: 80%;" type="text"/>
Payment Reference:	<input style="width: 80%;" type="text"/>
Purpose of payment:	<input style="width: 80%;" type="text"/>

By signing the Standing Order Mandate Form, I/We acknowledge and agree that:

- all the information provided to the bank in this form is true and correct.
- confirm that I/we have conducted my/our own research and not been pressurised to make this transaction.
- understand once the payment has been effected, it may prove difficult to recall the funds.
- payment will not be processed if there is insufficient balance in the account and a service charge will apply.
- declare that I/We have read and understood the PNBIL Account Terms and Conditions (available at <https://www.pnbint.com>) and agree to abide by them.
- If the transaction execution day falls on a non-working day, then the payment will be processed on the next working day.
- to cancel this standing order, a written request to be provided to bank three working days prior to the next execution date.

 Kindly debit my/our Account Number with the amount of this standing order and applicable charges if any.

Customer Signature	Account Holder 1	Account Holder 2
Name of Customer	Account Holder 1	Account Holder 2

For Office Use only:
Name & Signature (CSA/Officer)
Name & Signature (Officer/Manager)

Date:/...../.....

Acknowledgement

We acknowledge receipt of your request for Standing Order by debiting your account number for amount: Please contact the branch in case of any further assistance/query.

Branch Name:

Ref Number: Misc. / /

Name & Signature (CSA/Officer/Manager)