APPLICATION FOR STANDING ORDER

PLEASE PRINT CLEARLY IN BLACK INK, ONE CHARACTER PER BLOCK

Branch: _____ Date: __ __ / __ __ / __ __ __ __
(e.g: dd/mm/yyyy)

By debit of my/our* account No: _____

in the name of _____

Credit account in bank (please tick accordingly)

- [x] The Mauritius Commercial Bank Ltd
- [ ] State Bank of Mauritius
- [ ] ABC Banking Corporation
- [ ] Barclays Bank
- [ ] Bank of Baroda
- [ ] Bramer Banking Corporation
- [ ] Hong Kong & Shangai Banking Corporation
- [ ] Habib Bank
- [ ] Bank One Mauritius
- [ ] Mauritius Post & Cooperative Society
- [ ] Banque des Mascareignes
- [ ] SBI Mauritius
- [ ] Other

Beneficiary customer

Account No: 0 0 0 4 0 0 9 1 5 6 3 4

Name: M I S S I O N V E R T E

Reference: _____

Payment Purpose: cotisation annuelle de membre

Transfer Currency and Amount

MUR ___ ___ . __

(NOTE: In case the benefeciary's account is held at the MCB, the transfer can either be the currency of the remitter's account or the currency of the beneficiary's account. Whereas if the beneficiary's account is held in another local bank, the transfer currency MUST be in MUR)

Amount in Words: Rupees seven hundred

Frequency

Either
- [ ] Every Week
- [ ] Every two weeks
- [ ] Every three weeks

Or on the
- [ ] First day
- [ ] Last day
- [ ] Other Please specify day __

Of
- [ ] Every month
- [ ] Every two months
- [ ] Every three months
- [ ] Every four motnhs
- [ ] Every six months
- [x] Every year

As from 0 3 / 0 1 / 2 0 __ *(e.g: dd/mm/yyyy)*

[ ] last payment date __ __ / __ __ / __ __ __ __ *(e.g: dd/mm/yyyy)*

[x] Until further notice

In case my/our* request Is accepted, I/we* hereby authorise you to debit my/our* above-mentioned account with the relative commissions equivalent of the sum of commissions at the current rate prevailling on the transaction date.

Signature(s) _____ _____
Where applicable seal of company

Name(s) _____ _____

Phone/Mobile No(s) _____ _____

***Strike out and initial as apropriate**

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