

STANDING ORDER MANDATE

To _____ Bank PLC

Address _____

	BANK	BRANCH TITLE (NOT ADDRESS)	SORTING CODE NUMBER
Please Pay	Handelsbanken	Manchester Spinningfields	60-95-34
	BENEFICIARY'S NAME		ACCOUNT NUMBER
For the Credit of	The Fiona Foundation		3 2 6 2 6 5 3 7
	AMOUNT IN FIGURES	AMOUNT IN WORDS	
The Sum Of	£		
	DATE AND AMOUNT OF FIRST PAYMENT		DUE DATE AND FREQUENCY
Commencing	*now		and thereafter every
	DATE AND AMOUNT OF LAST PAYMENT		
*until		£	*until you receive further notice from me/us in writing
quoting the reference			and debit my/our account accordingly

THIS INSTRUCTION CANCELS ANY PREVIOUS ORDER IN FAVOUR OF THE BENEFICIARY NAMED ABOVE, UNDER THIS REFERENCE.

Special Instructions

ACCOUNT TO BE DEBITED	SORTING CODE NUMBER	ACCOUNT NUMBER

Signature(s) _____

Date _____

Note: The Bank will not undertake to:

- (i) make any reference to Value Added Tax or other indeterminate element.
- (ii) advise payers address to beneficiary.
- (iii) advise beneficiary of inability to pay.
- (iv) request beneficiary's banker to advise beneficiary of receipt.

*Delete if not applicable