

Standing Order Request / Amendment Form

Date: / /

You are kindly requested to accept the following Standing Order instructions:

 Set up a new Standing Order Amend an existing Standing Order, Ref: _____

 Start Date: _____ End Date: _____ or Until Further Notice

Payment Amount: _____ Payment Currency: _____

Payment Frequency
 Weekly Monthly Quarterly Semi Annually Annually

 Other Period – please specify: _____

Quoting Reference / Invoice No (if any): _____

Beneficiary Details

*Full Name of Beneficiary: _____

*Beneficiary Address: _____

Beneficiary Contact Telephone No: _____

Beneficiary Account Information

 *Account Number: _____ Sort Code (UK Banks):

SWIFT Code: _____ ABA Routing No (US Banks): _____

*IBAN: _____

*Beneficiary Bank Name: _____

Beneficiary Bank Address: _____

Correspondent Bank Information (if applicable)

Bank Name: _____

*SWIFT Code: _____ ABA Routing No (US Banks): _____

*IBAN: _____

*Indicates required information

Account Holder(s) Signature(s)

I/We agree that I/We have received, read, understood and accepted the Terms and Conditions for the Current Account, Call Account and Fixed Term Deposit Account which I/We understand and expressly agree and accept to be bound by.

Name	Signature
1	1
2	2

Please sign in BLACK ink

Requests received for Joint Accounts must be signed in accordance with the instructions held on the account.

This Section is for Bank Use Only

Client CIF: _____

ACTION	DATE	SIGNATURE
Client Request Received and Checked:		
Customer Signature Verified:		
Request Approved by:		
World Check on Beneficiary carried out and print-out attached:		
New / Amended Beneficiary Details Checked and Approved:		
Standing Order Details input into iMal (if existing amendment, cancel old standing order and set up a new on with new details):		
Client KYC Status Checked and Approved:		
Notes/Comments:		

Authorisations

Operations Manager: _____

Signature: _____

Date: _____