

Standing Order Mandate

.'o				Bank/Building Soc
Address				
ı				·
	Bank	Branch Title (no	ot address)	Sorting Code Number
Please pay	C Hoare & Co	Fleet Street		15-99-00
	Be	Beneficiary's Name		
for the credit of	CORFU ANIMAL RESCUE ESTABLISHMENT			43340270
ļ	Amount in figures	Amount in figures		Words
the sum of	£			
ļ	Date and Amount	of first payment	1	Due date & Frequency
commencing	£		and thereafter	
	* now Date and Amount	of last navment	every	
	Date and Amount	of fast payment	1	
* until	£		* until you receive further notice from me/us in writing	
quoting reference				
and debit my/our accou	ınt accordingly		ı	
This instruction cancels	s any previous order in fo	avour of the beneficia	ry named above,	, under this reference.
Ac	ccount to be debited			Account Number

Note: The Bank will not undertake to:

- (i) make any reference to Value Added Tax or other indeterminate element
- (iii) request beneficiary's banker to advise beneficiary of receipt

Signature(s)

(ii) advise payer's address to beneficiary

Date

(iv) advise beneficiary of inability to pay