

_____ Branch

Standing Order Mandate

Please pay	Bank	Branch Title (not address)	Sorting Code Number							
	Leumi	West End Branch	30 - 14 - 95							
for the Credit of	Beneficiary's Name		Account Number							
	Anshei Shalom		4	5	4	1	9	0	0	1
the sum of	Amount in Figures	Amount in words								
	£									
commencing	Date and amount of first payment		and thereafter every				Due Date and Frequency			
	* now	£								
* until	Date and amount of last payment		*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

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

† If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf

Please return this form directly to your bank