

STANDING ORDER MANDATE

BANK PLC

ADDRESS _____

Please pay

for the credit of

the sum of

commencing

until

Put Your M Reference Here _____

BANK	BRANCH TITLE (Not address)	SORTING CODE NUMBER
Lloyds TSB Bank PLC	Market Place	30 - 96 - 96
BENEFICIARY'S NAME		ACCOUNT NUMBER
Medina Credit		0 4 6 8 6 2 3 0
AMOUNT IN FIGURES	AMOUNT IN WORDS	
£		
DATE AND AMOUNT OF FIRST PAYMENT		DUE DATE AND FREQUENCY
DATE AND AMOUNT OF LAST PAYMENT		
		and thereafter every
		until you receive further notice from me/us in writing
		and debit my/our account accordingly.

- Delete if not applicable

, if the amount of the periodic payments vary they should be incorporated in a schedule overleaf

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

SPECIAL INSTRUCTIONS									
ACCOUNT TO BE DEBITED	ACCOUNT NUMBER								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>								

SIGNATURE(S) _____

DATE _____

NOTE: The Bank will not undertake to

- (i) make any reference to Value Added Tax or other indeterminate element
- (i i) advise payers address to beneficiary
- (i i i) advise beneficiary of ability to pay
- (i v) request beneficiary's banker to advise beneficiary of receipt