

STANDING ORDER FORM

Date: _____ (dd/mm/yyyy)

Branch: _____ Reference No.: _____

Receive these instructions to debit my account and make a transfer as follows:*

REMITTER'S INFORMATION

Account name: _____ Account number: _____

ID/Passport number: _____ Telephone number: _____

Address: _____

STANDING ORDER DETAILS

 New Amend Cancel

 Frequency: Once Monthly Quarterly

 Half-yearly Yearly

 Others (specify) _____

First payment on _____ Regular payment on _____ Last payment on _____

 Currency: _____ Amount in figures:

Amount in words: _____

BENEFICIARY'S INFORMATION AND REMITTANCE MODE

Beneficiary's bank:	Name*: _____ Address**: _____ Country**: _____
Beneficiary:	Name*: _____ Physical address**: _____ Country**: _____ Account number**: _____
Details of payment	

*Indicates mandatory Information to be provided

**Indicates mandatory Information If remittance mode is Telegraphic Transfer

Please remit the funds according to the standing order details with the following remittance mode

TELEGRAPHIC TRANSFER

Sort Code _____	Swift Code _____	
<input type="checkbox"/> Local charges borne by remitter & overseas charges by beneficiary (SHA)	or <input type="checkbox"/> All locals and overseas charges borne by remitter (OUR)	or <input type="checkbox"/> All locals and overseas charges borne by beneficiary (BEN)
Bank to Bank Information		

BANKERS DRAFT/CASHIER ORDERS

Bankers Draft/Cashier orders disposal option:

- Hold the instrument for collection by me at the Bank
- Send to beneficiary's address (above) by mail. (Please also indicate beneficiary's address above)
- Send to my address by mail
- Others (specify)

Note: The Bank does not undertake to effect, after the due date, any payment which has not been effected on the due date owing to lack of sufficient funds in the account. All charges are on my/our account where applicable. I/We shall have no claim against the Bank in respect to any loss resulting from any failure on the Bank, its officials and/or agents to make/unpay/amend/cancel/payments on the due date. Remitter's Authorised Signature(s) as per Bank mandates.

Name: _____ Name: _____

Signature: _____ Signature: _____

FOR OFFICIAL USE ONLY

Value Date: _____ (dd/mm/yyyy)

Intermediary Bank:

Name _____

Country _____

SWIFT Code/Chips ID/Australia BSB Code/
USA Fed Wire/ USA ABA/UK Sort Code _____