



**PLEASE SEND THE COMPLETED FORM TO YOUR OWN BANK
DO NOT SEND TO THE BENEFICIARY**

Standing Order Mandate

Please pay	Bank	Branch Title (not address)	Sorting Code Number															
	CAF Bank	West Malling, Kent	40-52-40															
For the Credit of	Beneficiary's Name						Account Number											
	SEEKENYA						0	0	0	2	3	5	8	8				
the sum of	Amount in Figures			Amount in words														
	£																	
commencing	Date and amount of first payment						and thereafter every						Due Date and Frequency					
	_____ £ _____			_____														
*until	Date and amount of last payment						*until you receive further notice from me/us in writing and debit my/our account accordingly											
	_____ £ _____			_____														
quoting the reference	Donation																	

Please cancel any previous Standing Order or Direct Debit in favour of the beneficiary named above under this reference.

Special instructions

Account to be debited

Account Number

Signature(s) _____

Date

*Delete if not applicable

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

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