St. Lucia Mandate

to the account noted above.

Signature:



Application for payment by direct deposit

Date: D D / M M / Y Y Y

Tick as appropriate: New Amendment		 Please read the lease Fill in parts 1 and 2 your payment. Yo Sign part 3. 	 Please read the leaflet carefully, then fill in the form in CAPITAL LETTERS. Fill in parts 1 and 2. Please note that if the information is incomplete, it may delay your payment. Your overseas bank will help you if you are not sure. Sign part 3. Refer to Data Protection Act (see reverse) 		
PART 1					
Full name:			Pension reference number:	1 0	
Address:					
PART 2					
Name of b	oank or financial institution	า:			
Address o	f bank or financial instituti	on:			
Type of ac		account' • Enter 2 for 'che	cking/current account' • Enter	3 for 'others'	
	Bank code: Swift code:				
	Account number:				
	International bank accou	unt number (IBAN):			
	The account is in the nar	me(s) of:			
	Currency type (Please tic	k as appropriate)			
	Local currency	Sterling GBP			
PART 3 I have rea	Please read and sign belied and understood the leaf		is form and wish the payment t	to be paid by direct deposit	

Data Protection Act

All personal information provided by you and any other information relating to your account(s) will be treated in confidence and will not be disclosed to any third parties, including other members of CitiGroup, except where permitted by law or where your consent has been received. However, information may be shared with other financial organisations to protect both ourselves and our customers against fraud. The information will be held in our computer systems and will be used to assist us in providing the service for which you have applied.

These uses of your personal information are covered by our registration under the Data Protection Act. Under the terms of the act, you have the right to obtain a copy of the information we hold about you, upon payment of the appropriate fee.