St. Vincent and Grenadines Mandate



Date: D D / M M / Y Y

Application for payment by direct deposit

Signature:

Company Remitter Code: WMP1 How to fill in the form Please read the leaflet carefully, then fill in the form in CAPITAL LETTERS. Tick as appropriate: Fill in parts 1 and 2. Please note that if the information is incomplete, it may delay New your payment. Your overseas bank will help you if you are not sure. Sign part 3. Amendment Refer to Data Protection Act (see reverse) PART 1 Pension reference number: 1 0 Full name: Address: PART 2 Name of bank or financial institution: Address of bank or financial institution: Type of account: Enter 1 for 'savings account' • Enter 2 for 'checking/current account' • Enter 3 for 'others' Bank code: Swift code: **Account number:** International bank account number (IBAN): The account is in the name(s) of: **Currency type** (Please tick as appropriate) Sterling GBP Local currency Please read and sign below. I have read and understood the leaflet which accompanied this form and wish the payment to be paid by direct deposit to the account noted above.

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.