



STANDING INSTRUCTION REQUEST

New/Amend/Cancel

A/C NUMBER.....

NAME OF A/C HOLDER.....

Please debit my/ our account as per the details below and remit the same to the following account(s). We will maintain an adequate balance in the above account and if the balance is not maintained, my/our account may be debited with your bank charges as applicable.

Beneficiary's Name	Beneficiary's Bank & Branch Name	Beneficiary's A/C No	Amount (Pula)	Date of Execution	Instruction Valid till	Narration

Instruction to be carried out	Monthly	Quarterly	Half Yearly	Annually	Any other

Date.....

Signature (s) of the authorized person (s)

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For office use

Account No		SI No	
Date of Carrying out instruction		Date of Carrying out instruction	
SI Input By-		Ref No	SI Authorized by-

Space for noting changes in the mandate:

Letter No:

Date:

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