

Standing Order Instruction Form

To: The Manager _____ Bank/Building Society

Address _____

Postcode _____

Account Holder's Sort Code

-

-

Account Name

Account Number

Name of Beneficiary

MCW Rafiki Trust

Beneficiary's Sort Code

4

0

-

3

3

-

1

4

Beneficiary Account Number

6

1

4

3

1

9

4

3

Amount

£

Amount in words

Date of first payment

Due date and frequency of payments

Date of final payment

of Until Further Notice

Signature _____

Date _____