

STANDING ORDER MANDATE

If you have internet banking and a 'one to sign' account, payments can be instructed online rather than via printed form.

Please complete this form in BLOCK CAPITALS and black ink. Completed forms require printing and posting to Cater Allen Private Bank at the address below. Electronic copies are not accepted.

Please call us on 0800 092 3300 for assistance in completing this form.

For payments from your Bank Account	Applicant to complete
<p>To: Cater Allen Private Bank 9 Nelson Street Bradford BD1 5AN</p> <p>Cater Allen Private Bank account to be debited</p> <p>Account Name <input type="text"/></p> <p>Account number <input type="text"/></p> <p>Please pay Name of bank <input type="text"/></p> <p>Branch (not address) <input type="text"/></p> <p>Sort code Account number <input type="text"/>-<input type="text"/>-<input type="text"/> <input type="text"/></p> <p>Name shown on account <input type="text"/></p> <p>Account reference* <input type="text"/></p> <p>The sum of**</p> <p>Amount in figures £ <input type="text"/></p> <p>Amount in words <input type="text"/></p>	<p>Commencing</p> <p>Immediately or please state date <input type="text"/></p> <p>Frequency of payments</p> <p>Daily <input type="checkbox"/> Weekly <input type="checkbox"/></p> <p>Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/></p> <p>Annually <input type="checkbox"/></p> <p>Other (please state) <input type="text"/></p> <p>Until</p> <p>Until you receive further notice from me / us in writing or, please state date <input type="text"/></p> <p>Amount of last payment (if applicable) £ <input type="text"/></p> <p>* If applicable – maximum of 18 characters</p> <p>** If the amounts of the periodic payments vary, they should be incorporated in the schedule overleaf.</p>

This instruction cancels any previous order in favour of the beneficiary named overleaf under this reference

Additional schedule of payments

Date

Amount in figures

Amount in words

Date

Amount in figures

Amount in words

Date

Amount in figures

Amount in words

Special instructions (if applicable)

Signature 1

Date

Signature 2 (if applicable)

Date

Signature 3 (if applicable)

Date

Signature 4 (if applicable)

Date

Note: please ensure that the form is signed in accordance with the account mandate

Note: the Bank will not undertake to

- (i) make any reference to Value Added Tax or other indeterminate element;
- (ii) advise payer's address to beneficiary;
- (iii) advise beneficiary of inability to pay;
- (iv) request beneficiary's banker to advise beneficiary of receipt.

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print, Braille and Audio CD. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300 or 0330 123 0719 from a mobile. For the hard of hearing and/or speech impaired please use the Text Relay service. Further details can be found at <http://ngts.org.uk/>

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