**Standing Order Mandate**

|  |
| --- |
| **To My Bank Manager** |
| Bank Name |  |
| Bank Address |  |
| Bank Account Number |  |
| Bank Sort Code |  |
| **Please Pay** |
| Payee Bank Name | **BARCLAYS BANK** |
| Payee Account Name: | **Association of Kottayam Medical College Alumni (AKMA) UK** |
| Payee Sort Code: | **20-15-70** |
| Payee Account Number | **63684660** |
| Payment Amount | ***£30*** |
| Frequency | ***Annually*** |
| Date of First Payment  | ***[DD/MM/YYYY]*** |
| Date of Usual Payment | ***[DD/MM]*** |
| Reference | **YOUR BATCH JOINING YEAR/YOUR NAME** ***[PLEASE COMPLETE]******. ............./…......................................*** |
| **Your details** |
| Name |  |
| Address |  |
| Signature: |  |
| Print Name: |  |

**This form should be completed and forwarded to YOUR OWN BANK**