



BANKER'S ORDER FORM

Please complete the form below and return it to

The Passage, St Vincent's Centre, Carlisle Place, London SW1P 1NL

PLEASE DO **NOT** SEND THE FORM DIRECTLY TO YOUR BANKERS

BANKER'S ORDER

Name of your bank (*in capitals*)

To

Full address of your bank
(*in capitals*)

of

.....

Please pay to HSBC, Belgravia Branch,
89 Buckingham Palace Road, SW1W 0QL

for the account of Passage 2000 A/C No: 51370944 Sort Code 40-01-13

Quoting reference: (*to be entered by The Passage*)

Monthly, Quarterly or Annual sum to be paid

the sum of £ (*in words*)

Date of first payment

on the day of 20 and

the same amount

Frequency of payment

*a) Monthly on the day of each subsequent month until further notice.

** Please complete/ delete as necessary*

*b) Quarterly on the day of each subsequent third month until further notice.

*c) Annually on the day and month of each year until further notice.

SIGNATURE

Signed

Your name
(in block letters)

Name

Your address
(in block letters)

Address

.....

Post Code

Date

Details of Account to be debited

A/C No:

Sort Code

Name(s) of Account Holder(s)