



## STANDING ORDER FORM

Please complete in **BLOCK CAPITALS** and in **black ink** marking the appropriate box(es) with a **X**.

Date		D	D	M	M	Y	Y	Y	Y
TO									

### 1. Details of the account where payments will come from:

Account No	
Account Name	
Reference	

### 2. Details of the account where payments will be sent to:

Account No	2033909
Account Name	JUBILEE INSURANCE (MAURITIUS) LTD
Bank Name:	BARCLAYS BANK PLC
	SIR WILLIAM NEWTON

### 3. Payment Details:

Amount (In Words):										
Amount(In Figures):	Rs									
Date of first payment:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Until Further Notice <input type="checkbox"/> No of payments <input type="text"/>
D	D	M	M	Y	Y	Y	Y			
Date of final payment:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y			

### 4. Payment Frequency: (If you make a mistake, please shade out the whole box and mark with the correct one)

Choose 1 Option by marking one of the boxes with an X

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
6 monthly	<input type="checkbox"/>	Annually	<input type="checkbox"/>		
For weekly payments choose a day of the week					
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>		

Please specify the payment date required (e.g, 21st)	
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### 5. Confirmation of payment :

I/We, hereby authorise you to debit my/our above mentioned account with relative commissions/equivalent of the sum of commissions at the current rate prevailing on the transaction rate.

Thanking you in anticipation,

SIGNATURE		IF JOINT, SIGNATURE	
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Date		D	D	M	M	Y	Y	Y	Y
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