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Standing Order Mandate

(In order to set up this Standing Order, please complete this form and submit it to your Bank or Building society)

Dear Bank,	
To (Name and Address of your Bank or bui	ilding society):
	Postcode:
	Sort Code:
Your Details	
Name:	
Account Number:	
7.000dilk Palliber:	
Contact Telephone Number:	
Please set un the following Standing Or	rder and debit my/our account accordingly.
Please arrange periodic payments of	
1 ieuse urrange perioaie payments of	£
	amount in words:
Frequency: Weekly Monthly An Date of first payment: From the above mentioned account to the payment is a second to t	
Name of Organisation: Melkoniantsi International Fund	
Bank and Branch Name: NatWest (Aberystwyth)	
Account Number: 69529744	Sort Code: 51 - 61 - 06
Reference to be quoted (if any):	
Until the expiry date of// <u>O</u> Special Instructions:	DR Until further notice (delete as appropriate)
I/We acknowledge that the bank will not undertake to: (i) make any reference to Value Added Tax, (ii) advise payers address to beneficiary (iii) advise beneficiary of inability to pay (iv) request beneficiary's banker to advise the	or other indeterminate element
Signature:	

^{*} You can cancel this arrangement at any time by instructing your bank. All donations are non-refundable.