

STANDING ORDER FORM

PLEASE COMPLETE THIS FORM, PRINT AND DROP AT YOUR NEAREST I&M BANK BRANCH

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ACCOUNT NAME	
ACCOUNT NUMBER	
FIRST PAYMENT DATE	
INSTALMENT AMOUNT	
FINAL PAYMENT DATE	

PAYMENT DETAILS

TO

BANK	
BRANCH	
ACCOUNT NUMBER	
BENEFICIARY NAME	

SIGNATURE:	<u> </u>	

DATE	AMOUNT	SIGNATURE	DATE	AMOUNT	SIGNATURE