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**Payment Mandate Morocco** for payment in Moroccan dirham

# Application for payment by direct deposit into a bank account.

## PLEASE INDICATE WHETHER THIS IS A NEW INSTRUCTION OR AN AMENDMENT TO EXISTING ACCOUNT DETAILS

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| --- | --- | --- | --- | --- |
| NEW [✓] |  |  | AMENDMENT [✓] |  |

1. Fill in the form in CAPITAL LETTERS. Complete account number from the left.
2. Complete Parts 1 and 2. Your bank will help you if you are not sure of the branch/bank codes.
3. Sign Part 3.
4. If you have nominated a cheque account, please attach a cheque, clearly marked ‘CANCELLED’, to this form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PART 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Forename(s) Surname  Your Full Address (including town, city and state):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Reference Number if you have one: | | | | | | | | | | | | | | | | **FI2/** | | | | | |  | | |  | | |  | |  | |  | |  | | |  | | | | | | | | | | |  |
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| PART 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Bank or Financial Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Branch where account held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Town/city & State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Address of Bank or Financial Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Local Sort/Bank Code Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | [If known] | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank BIC (SWIFT) Code | | | | | | | | | | | |  |  | |  | |  | |  | |  | | |  | | |  | | This can be obtained from your bank | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number: | | | |  | |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | | |  | |  |  |  |  |  | |  |  |  |  | |
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| The Account is in the Name(s) of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PART 3 Please sign below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please pay my pension payments by direct deposit to the account noted above:**  Signature: Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Created (✓):** |  | | **Amended (✓):** | | | | | |  | |  | | | | | | | | | | | | **Inputter:** | | | | | | | | | | | |  | | | | | **Date:** | | |  | | | | |  |
|  |  | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | |  | | | | |  |
| **Other (specify):** | |  | | | | | | | | | | | | | | | | | | | | | **Authoriser:** | | | | | | | | | | | |  | | | | | **Date:** | | |  | | | | |  |
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