

Please tick appropriate box below

- Corporate Account Direct Debit
 Individual/Joint Account Direct Debit

The Branch Manager

Date.....

Dear Sir/Madam,

PERSONAL DETAILS OF APPLICANT(S)

Full Name of Account HolderRC Nos.....
 Street or Postal Address.....

 Daytime telephone Numbers.....
 Email Address

BANK ACCOUNT DETAILS

Branch Account Name
 Branch Address
 Account Type.....
 Account Number

FREQUENCY OF PAYMENT

Monthly Quarterly Semi-Annually Annually Any other period

Please tick appropriate box above and specify payment date here
 Kindly note that subscription will take effect within two working days from the date specified i.e. T + 2 day.

DECLARATION

We/I hereby authorize **STANBIC IBTC ASSET MANGEMENT LIMITED** to initiate debit into my account for the sum of
 ₦(Amount in words)
 representing payment for subscription.
 This mandate shall remain in force until such a time when a written counter-instruction is received. A two week notice before the
 payment date should be given in order to cancel such mandate.
 Please note that every transfer attracts a processing fee of ₦ 100.00

Signature	Date	Signature	Date
Designation		Designation	

If applicant is a corporate body, please ensure two authorised signatories sign, state their designation and apply Common Seal, while the parties signing should sign over a postage stamp

Cc:
(TO BE COMPLETED BY CLIENT IF ACCOUNT IS NOT DOMICILED WITH STANBIC IBTC BANK PLC)

Name of Bank	Branch	Relationship Officer & Phone number
--------------	--------	-------------------------------------

(A copy of this form will be forwarded to your Account officer/Branch)

Your subscription entitles you to a Purchase Statement based on frequency of payment, please tick the box if you do not wish to receive this statement