



Application for Standing Instructions

Branch

Date:

Dear Sir/Ma'am

I/We would like to request you to place the Standing Instruction on my/ our account mentioned below as follows:

Standing Instructions Frequency (Please tick one)

Daily

Monthly

Quarterly

Half Yearly

Yearly

Start Date		End Date	
Purpose		Amount	
Account to be Debited		Account to be Credited	
Account Number		Account Number	
Account Name		Account Name	
Special Instructions if any			

I/We hereby authorize the bank to debit my/our account number for the necessary changes to execute these standing instructions.

I/We further indemnify the Bank for any loss that may be incurred from transactions executed by the Bank with reasonable care and in good faith.

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Authorized Signatory (ies)

For Bank's Use Only

SI No.	<input type="text"/>	Charge	<input type="text"/>	Charge Tran ID	<input type="text"/>
Entered By	<input type="text"/>	Verified By	<input type="text"/>		
Date	<input type="text"/>	Date	<input type="text"/>		