

PLEASE SEND THE COMPLETED FORM TO YOUR OWN BANK DO NOT SEND TO THE BENEFICIARY

Standing Order Mandate

	Bank	Branch Title (not address)				Sorting Code Number							
Please pay	NATIONAL WESTMINSTER	HAYWARDS HEATH, MUSTER GREEN				60-10-26							
	Beneficiary's Name					Account Number							
For the Credit of	THE KIN	SEX LTD	1	0	0	2	5 2	؛ [؛	5	1			
	Amount in Figures	Amount in words											
t the sum of	£												
	Date and amount of first payment				Due Date and Frequency								
commencing		£	and thereafter every										
	Date and amount of last pay	ment											
*until		£	*until you receive further notice from me/us in writing										
quoting the reference		and debit my/our account accordingly											
Please cancel any previous Standing Order or Direct Debit in favour of the beneficiary named above under this reference.													
Special instructions													
Account to be debited			Sorting Code Number		Account Number								
Signature(s)			Date										
Doloto if not appli	inahla												
Delete if not applicable · If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf													
in the amounte of the periodic payments fary they should be incorporated in a schedule officer													

Note: The Bank will not undertake to:

- (i) make any reference to Value Added Tax or other indeterminate element
- (ii) advise payers address to beneficiary
- (iii) advise beneficiary of inability to pay
- (iv) request beneficiary's banker to advise beneficiary of receipt