Six Counties Kidney Patients' Association - Lottery STANDING ORDER MANDATE

To (Your B	ank):		
Bank Addre	ess:		
	Bank	Sort Code	
Please Pay:	CAF Bank Ltd	40-52-40	
Con the	Beneficiary's Name	Account Number Quoting Reference:	
For the Credit of:	SCKPA	00008169	LOTTERY
	Amount in Figures	Amount in Words	
The sum of:	£		Pounds
	SINGLE PAYMENT A : (£13 per entry per qua		ER EACH QUARTER AS
Day & Month 1 st of Jan, Apr, July & Oct		Payment £	Amount in Words Pounds
Until you rec	Commencing on the delive further notice from		d debit my/our account accordingly.
			ORDER IN FAVOUR OF THE REFERENCE:
Speci	al Instructions to your Ba	ank:	
Name	e of Account to be Debi	ted Sort Code	Account Number
	••••••		•••••••••••••••••••••••••••••••••••••••
Signature(s)	:		Dated
		••••••	•••••
Banks may decl Current Accoun	nts		to certain types of account other than
Send the com	unleted Mandate to:		

Mr A. Edwards, 14 Imber Drive, Highcliffe, Christchurch, Dorset BH23 5BG