

## Standing Order Form

[Account to Account Conditional Transfers]

Date \_\_\_\_\_

Please complete this form if you require us to cover/transfer any shortfall/excess from/to another account.

### APPLICANT DETAILS

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Extn. \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

### STANDING ORDER DETAILS [please mark whichever applicable]

If Account Number \_\_\_\_\_ Currency \_\_\_\_\_ is overdrawn or if it has insufficient funds to honour payments / cheques (without considering limits if any), please cover any shortfall from Account Number \_\_\_\_\_ Currency \_\_\_\_\_

If Account Number \_\_\_\_\_ Currency \_\_\_\_\_ is overdrawn or if it has insufficient funds to honour payments after utilisation of available limits, please cover any shortfall from Account Number \_\_\_\_\_ Currency \_\_\_\_\_

If the balance in Account Number \_\_\_\_\_ Currency \_\_\_\_\_ is below \_\_\_\_\_ please cover any shortfall from Account Number \_\_\_\_\_ Currency \_\_\_\_\_ to maintain the balance or to honour payments

Any others (please specify) \_\_\_\_\_

### AUTHORITY

أقر/نقر أنني قرأت وفهمت الشروط والبنود الواردة خلف هذه الورقة، لذا يرجى تنفيذ التعليمات الواردة أعلاه.  
 I/We confirm having read and understood the terms and conditions overleaf. Please effect the above instructions.

Accountholder's Signature/ Authorised Signatory \_\_\_\_\_

Date \_\_\_\_\_

### ACKNOWLEDGEMENT

**We confirm having noted the above standing order subject to our terms and conditions overleaf.**

Received Stamp  
Signature and Date

Authorised Signatory \_\_\_\_\_

Date \_\_\_\_\_

