



**BO: \_\_\_\_\_**  
**SORT CODE: 60 95 00    SWIFT (BIC) CODE: PUNBGB22**

### STANDING ORDER REQUEST - INR PAYMENTS

**Misc.** \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like to set up a standing order for my / our account as per the details given below:

Type of Transfer: INR Transfer to India ☐[illegible]

Amount (in words): \_\_\_\_\_

Date of First Payment: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date of Last Payment: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Frequency: Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually ☐

**Until Further Notice** (if last date of payment is not applicable): ☐ **Charges** (if applicable): ☐ Y ☐ N

### Beneficiary's Account Details:

Full Name: \_\_\_\_\_

**Account Number:**

[illegible]

Bank Name: \_\_\_\_\_

Bank's Address: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

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[illegible]

- |  |   |
|--|---|
| <input type="checkbox"/> Family Maintenance & Savings                    | <input type="checkbox"/> Personal Gifts and Donations |
| <input type="checkbox"/> Donation to religious & charitable institutions | <input type="checkbox"/> Educational Services         |
| <input type="checkbox"/> Receipts / Refund of taxes                      | <input type="checkbox"/> Repayment of Loans           |
| <input type="checkbox"/> Life Insurance premium except Term Insurance    | <input type="checkbox"/> Health Services              |
| <input type="checkbox"/> Accounting, Auditing, Bookkeeping services      | <input type="checkbox"/> Legal Services               |
| <input type="checkbox"/> Business Travel                                 | <input type="checkbox"/> Other Travel receipts        |
| <input type="checkbox"/> Others  | (please specify)                                      |

FCRA Registration Number  
(Only if the purpose of remittance is "Donation to religious & charitable institutions" for remittance to NGOs, Charities & Trusts")

By signing the Standing Order Mandate Form, I/We acknowledge and agree that: I/We

1. are using this remittance facility for bonafide transactions without violating the provisions of any Government/Exchange Control regulations.
2. confirm that I/we have conducted my/our own research and not been pressurised to make this transaction.
3. understand once the payment has been affected, it may prove difficult to recall the funds.
4. declare that I/We have read and understood the PNBIL Account Terms and Conditions (available at <https://www.pnbint.com>) and agree to abide by them.
5. understand that the bank may validate name, address and other personal information supplied by me/us during the process against appropriate third-party databases. This is done only to confirm my/our identity, that a credit check is not performed, and that my/our credit rating will be unaffected.
6. understand that the data provided by me/us to PNBIL UK will be provided to the back Office of PNBIL in India for processing and may be communicated to Bank's corporate office in India who may, for regulatory or statistical purposes, provide information to the Indian Regulatory Authorities.
7. payment will not be processed if there is insufficient balance in the account and a service charge will apply.
8. if the transaction execution day falls on a non-working day, then the payment will be processed on the next working day.
9. to cancel this standing order, a written request to be provided to bank three working days prior to the next execution date.

A full explanation of how the Bank uses personal information and how it is shared is set out in Banks' 'Privacy Policy', a copy of which is available on Banks' website <https://www.pnbint.com>.

By signing this form, I/We declare that the above details are true and correct, I/We consent to the bank performing validation Checks (see point (5) above).

I/We authorize to debit my / our Account Number 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

 with the amount of this standing and applicable charges if any.

|                    |                       |                  |                  |
|--------------------|-----------------------|------------------|------------------|
| Customer Signature |                       |                  |                  |
| Customer Name      |                       |                  |                  |
|                    | (Main Account Holder) | (Joint Holder/s) | (Joint Holder/s) |

Date: ...../...../.....

**For Office Use only:**

Remitter CIF ID:

Name &amp; Signature (CSA/Officer)

Name &amp; Signature (Officer/Manager)

## **Acknowledgement**

Date: ..... / ..... / .....

We acknowledge receipt of your request for Standing Order by debiting your account number

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Beneficiary Account Number:

[illegible]

GBP/INR Amount:

Please contact the branch in case of any further assistance/query.

Branch Name:

Ref Number: Misc.     /     /

Name &amp; Signature (CSA/Officer/Manager)