

STANDING ORDER FORM

To the Manager

Bank/Building Society:
Address (if known):

I / we authorise and request you to debit my / our

Account Name*	
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Account Details

Sort Code	Account Number	Amount	Frequency
		£	Monthly

First payment on _____ and on the _____ day of every month thereafter. (Please leave a month for administration)

And Credit

ICAHD UK Ltd

Sort Code	Account Number
08 – 92 - 99	65132227

Quoting Reference

	(Your name)
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This replaces any previous standing order I may have with ICAHD UK Ltd.

Signed:

Date:

Please send this form back to ICAHD UK at BM ICAHD UK, London WC1N 3XX and not to your bank.