Standing Order Mandate

Please complete this form in block Capit	.ais		
То	Bank So	ort Code	
(Full Address)			Branch
(* 4.17 (4.4.1.000)			
Customer's Details			
Account Name	Account Number		
Tel No – Work	Tel No – Home		
Please set up the following Standing Ord	ler and debit my	our account acco	rdingly
Please pay to the account of 3 Legs Limited at:			
Isle of Man Bank, East Region, PO Box 13, Douglas	, Isle of Man, IM99 1	AN	
Account No 8 5 5 2 6 4 3 6		Sort Code 5	5 5 9 1 0 0
Date of Commencement://			
An initial Payment of £	(In words)
Followed by a Monthly payment of £	(In words)
Date of Payment 25th of each month			
Expiry Date//			
Reference :			
Confirmation			
Customer(s) Signature(s)			