



The Manager,
DBK Limited.

Date: _____

Branch Name: _____

Dear Sir/Madam,

Receive these instructions to debit my account:

Account Name: _____ Account No.: _____

Postal Address: _____ Code: _____ Town\City: _____

Mobile Number: _____ Email Address: _____

STANDING ORDER DETAILS

New Amend Cancel

On _____ and _____ day of every* Month Quarter Half Year Yearly
thereafter please pay the sum of Kes. _____ (Amount in words) _____

Date of Final Payment: _____

BENEFICIARY'S DETAILS:

Beneficiary's bank:	Name: _____ Branch: _____ Physical/Postal Address: _____ postal Code: _____ Town\City: _____
Beneficiary:	Name: _____ Account Number: _____ Physical/Postal Address: _____ postal Code: _____ Town\City: _____
Payment Details/Refence:	

I/We fully understand that you reserve the right to cease or suspend such payments at any time in your discretion, if you have any reasons whatsoever to fear that you may eventually suffer some financial loss by continuation thereof.

N/B.- The Bank does not undertake to effect, after the due date, any payment which has not been effected on the due date owing to lack of funds in the account. All charges are for my/our account.

Authorised Signature(s) as per Bank mandates:

Name	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

FOR OFFICIAL USE ONLY

Customer Number: _____

Verified by: _____ Signature: _____ Date: _____

Authorized by: _____ Signature: _____ Date: _____