

STANDING ORDER MANDATE

To _____ Bank Plc _____ Branch

Full Address _____

Please pay:

Beneficiary's Bank and Branch Name <u>Lloyds Bank</u> <u>36 Chequer Street, St. Albans, Herts AL1 3YQ</u>		
Sorting Code Number 30-97-25	Beneficiary's Account Number 29562960	Beneficiary's Name Marlborough Science Charitable Trust
First Payment * £	Date of First Payment *	Reference
Usual Payment £	Start Date	Frequency (eg. 10 th monthly)
Last Payment * £	Expiry Date _____ OR Until Further Notice	

- Use shaded boxes if First and/or Last Payment differ(s) from Usual Payment

Account to be Debited _____ Account Number _____

Delete one of the following.

- a. **This is a new instruction.**
- b. **Please cancel any previous Standing Order in favor of the Beneficiary under the above reference.**

Signature(s) _____

_____ Date _____