

STANDING ORDER MANDATE

To..... Bank

Address.....

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| | | | |
|------------|------------------|----------------------------|-----------|
| | BANK | BRANCH TITLE (NOT ADDRESS) | SORT CODE |
| Please pay | UNITY TRUST BANK | BIRMINGHAM | 08-60-01 |

| | | |
|-------------------|--------------------|-------------------------------|
| | BENEFICIARY'S NAME | ACCOUNT NUMBER |
| For the credit of | IT'S GOOD 2 GIVE | 2 0 2 3 9 3 0 1 |

| | | |
|--------------|-------------------|-----------------|
| | AMOUNT IN FIGURES | AMOUNT IN WORDS |
| † The sum of | £ | |

| | | |
|------------|----------------------------------|------------------------|
| | DATE AND AMOUNT OF FIRST PAYMENT | DUE DATE AND FREQUENCY |
| Commencing | * Now | |
| | | |

And thereafter every

| | | |
|-----------------------------------|---------------------------------|--|
| | DATE AND AMOUNT OF LAST PAYMENT | |
| * Until | £ | * Until you receive further notice from me/us in writing. and debit my/our account accordingly. |
| Quoting the Reference (Your Name) | | |

Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference.

| | |
|-----------------------|----------------|
| SPECIAL INSTRUCTIONS | |
| ACCOUNT TO BE DEBITED | ACCOUNT NUMBER |
| | |

Signature(s)..... Date.....

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- Note: The bank will not undertake to:
- (i) make any reference to Value Added Tax or other indeterminate element.
 - (ii) advise payer's address to beneficiary.
 - (iii) advise beneficiary of inability to pay.
 - (iv) request beneficiary's banker to advise beneficiary of receipt.

* Delete of not applicable.

† If the amounts of the periodic payments vary, they should be incorporated in a schedule overleaf.