

STANDING ORDER FORM

Standing Order Authority

Name of Member _____

To _____ Bank

(full postal address)

Please pay	Bank	Branch Title (not address)	Sorting Code Number												
	The Royal Bank of Scotland	London City Office	15.....10...00												
for the Credit of	Beneficiary's Name								Account Number						
	IPR Corporate + Financial Group								2	1	3	6	8	7	5
the sum of	Amount in Figures				Amount in Words										
	£														
commencing	Date of first payment				Due Date and Frequency										
	<i>now/</i>				<i>and thereafter every</i>										
	<i>*until you receive further notice from me/us in writing</i>				and debit my/our account accordingly										

Please cancel any previous Standing Order or Direct Debit in favour of the beneficiary named above under this reference

Account to be debited

Account Number

Signature(s) _____

Date _____

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