



MANDATE FORM - INSTITUTION

Please complete this form using block letters and tick where appropriate. Please note that all fields are mandatory.

	Tick (v)
Local Fund	
Foreign Fund	
Other (Specify)	

For Official Use Only
Client Code
Date Received

INSTITUTION DETAILS

Company Name	
Contact Person Name	
Physical Address	
Company Registration	
Year of Registration	
Telephone Numbers	
Facsimile Numbers	
Email Address	
Indicate the Company's Source of Funding	

BANK/CUSTODY DETAILS

Name of the Bank	
Branch Code	
Bank Account Number	
Swift Identification Number	
Other details	

DETAILS OF DIRECTORS (Please provide copies of IDs and Proof of Residence)

Name	Residential Address	I.D Number



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SPECIMEN SIGNATURES FOR AUTHORISED SIGNATORIES

Name	Designation	Signature

SHAREHOLDING INFORMATION

List of direct or indirect shareholders of the institution with 10% or more of any class of shareholding or voting rights

Name of Owner / Full Name	ID Number	Nationality	Date of Birth	Nature of shareholding direct/indirect	% shareholding

Non-Member Institute Status Yes
 No

Any other instructions

Authorised by Executive Board of Directors

Signature

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Signature

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Designation

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Designation

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