

Positive Payment Instruction Form

Date						
Mana	ger					
Citizer	ns Bank	PLC.				
			_ Bran	nch		
Dear S	Sir/ Ma	dam,				
						s) with Citizens Bank PLC. and hereby
			or the	e cheque(s) of t	the following details:	
	unt De					
Accou	nt Title	:				
Accou	nt No	:				
Conta	Contact No : Email Address :					
Chequ	ue(s) D	etail	s:			
Cł	neque l	Vo.		Date	Amount	Beneficiary Name
			-			
A/c Ho	older's	Signat	ture		A/c Holder	r's Signature (If Joint Applicant)
A/c Ho	older's	Signat	ture		A/c Holder	r's Signature (If Joint Applicant)
	older's ANK U				A/c Holder	r's Signature (If Joint Applicant)
					A/c Holder	r's Signature (If Joint Applicant)
					A/c Holder	r's Signature (If Joint Applicant)