

STANDING ORDER FORM

Name:	
Bank/Institution:	
Branch Office:	
Branch Number:	
Account Number:	
Statement of Authorization	
my account and remit the	and annually thereafter on this same date, please debit sum of to endence Square, Port of Spain, Trinidad and Tobago, Branch unt of:
THE INSTITUTE OF BANKING AND FINANCE OF TRINIDAD AND TOBAGO Account Number: 150191240001	
Signature:	
Membership Number:	
Date:	
Note: The date on which this standing order is to be executed <u>must</u> be before March 31st and should preferably be in January.	