

TO:
BRANCH:
Date:

BANKERS ORDER

Dear Sirs,

I/We hereby request and authorise you to effect periodical payments in accordance with the details shown below and debit my/our account with the equivalent amount plus your charges and expenses.

I/We further declare and accept that the bank:

- a) Does not undertake to advise me/us of non-payments on due dates owing to lack of funds in my/our account or for any other reason and is entitled to advise the Beneficiary accordingly, if so requested.
- b) Does not undertake to effect after the due date any payment which has not been effected on the due date, owing to lack of funds in my/our account, or for any other reason.
- c) Is entitled to cancel the Bankers Order if on three successive cases cannot effect payment due to lack of funds in my/our account.
- d) Is entitled to adjust the amount of the Bankers Order in cases where the rate of interest is varied as provided for in the facility agreements.

I/We acknowledge that the information concerning the terms under which cross border credit transfers are executed has been provided to me/us in accordance with EU Directive 97/5/EC and I/We hereby expressly waive any demand, claim or right for being served with any further information relating to the above.

Remitters Account Number:

Remitters Name:

Beneficiaries Name: FRIENDS OF THE PAPHOS HOSPICE

Beneficiaries Account: 133 – 11 – 007954

Beneficiary Bank: MARFIN POPULAR BANK

EL. VENIZELOS BRANCH

IBAN: CY62 0030 0133 0000 0133 1100 7954

SWIFT: LIKICY2N

Periodicity:

Reason:

Order's Amount:

First Payment Date:

Last Payment Date:

Yours faithfully,