

**DIRECT DEBIT MANDATE (Please Complete All Sections).**

**Customer Details:**

Name of Account:

Branch Name:

Branch Address:

Sort Code:

Account Number:

**NAME OF ORGANISATION YOU WISH PAYMENT TO BE MADE TO:**

Name of Organisation: THE JALLOW FOUNDATION, THE GAMBIA

Bank Name: LloydsTSB

Bank Branch: Fareham

Sort Code: 30 93 17

Account Number: 36171068

Reference: Donations/Sponsorship, (Please cross out which **DOES NOT** apply).

**DETAILS OF PAYMENT:**

Date of 1st Payment:

Amount of 1st Payment:

Amount of Subsequent Payments:

Payments to be made: Weekly..... Monthly..... Annually.....

( Please tick which applies)

**PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE.**

Signature of Customer: ..... Date: ...../...../.....

Customers Address: .....

Post Code: .....

Customers Telephone Number/Mobile: .....

**PLEASE PRINT OFF THE COMPLETED FORM AND SEND IT TO US AT:**

**The Jallow Foundation, The Gambia**

**P. O. Box 669**

**FAREHAM**

**Hampshire**

**PO14 9LX**