



STANDING ORDER MANDATE

(X) To:- _____ Bank Ltd (X) Address:- _____

(X) _____

Bank	Branch Title	Sort
NATIONAL WESTMINSTER	MELTON MOWBRAY	60-14-20

Beneficiaries Name	Account Number
BROBOT PETROLEUM LIMITED	88392899

Amount In Figures	Amount in Words

Date & Amount of First Payment	Reference	Due Date & Frequency
*		Please pay on _____ of each month and same date thereafter
If you do not complete a date, the bank will debit 1 st payment upon receipt of mandate.	* Until you receive further notice from me/us in writing. And debit me/our account accordingly	
* Date & Amount of Final Payment		
£		

This instruction cancels any previous order in favour of the beneficiary named above, under this reference.

Special Instructions

Name of Account to be Debited	Account Number	Sort Code
(x)	(x)	(x)

(x) Signatures:- _____ Date:- _____

(x) Complete these sections
* Delete if not applicable

Name:- _____ Address:- _____

Please return to:- Brobot Petroleum Limited, Freeport (LE4370), Thorpe Road, Melton Mowbray, Leics, LE13 0BR