

Form D**Standing Order Mandate**

Please return this form to:
Community Asset Fund, Canolfan Hermon, Hermon, Glogue, Pembrokeshire, SA36 0DT

Your details...

Name	
Address	
Post Code	
Contact Number	
Email address	

Your bank details...

Bank Name	
Bank Address	
Post Code	
Account Name	
Sort Code	
Account Number	

Please pay:

Bank	Branch Title	Sorting Code	Account Number
Lloyds Bank	Cardigan	30 – 91 - 65	00806593

For the credit of (Beneficiary's name): **Community Asset Fund**

I agree to pay a one-off administration fee of **£6.00** (six pounds) followed by monthly payments of **£5.00** (five pounds) to be taken on the **1st (first)** of every calendar month, to commence now.

Signature(s):**Date:****Office Use:****Promoter:**

Dychwelwch i:
Cronfa Asedion Cymunedol, Canolfan Hermon, Hermon, Y Glog, Sir Benfro, SA36 ODT

Eich manylion...

Enw	
Cyfeiriad	
Cod Post	
Rhif Ffon	
E-Bost	

Manylion eich banc...

Enw Banc	
Cyfeiriad Banc	
Cod Post	
Enw Cyfrif	
Cod Sortio	
Rhif Cyfrif	

Byddwch gystal a thalu:

Banc	Teitl y Gangen	Rhif Code Didoli	Rhif y Cyfrif
Lloyds Banc	Aberteifi	30 – 91 - 65	00806593

I Gredit: Enw'r sawl sy'n elwa: **Cronfa Asedion Cymunedol**

Yr wyf yn cytuno I dalu ffi gweinyddol cychwynol o £6.00 (chwe punt) ac yna swm misol o £5.00 (pump punt) I'w dalu ar y 1 af (cyntaf) o bob mis, I ddechrau nawr.

Llofnod(ion):

Dyddiad:

Defnydd Swyddfa:

Hrywyddwr: