



Shetland Islands Council

Executive Manager: Paul Fraser
Director of Corporate Services: Christine Ferguson

Finance
Corporate Services Department
Office Headquarters
8 North Ness Business Park
Lerwick
Shetland, ZE1 0LZ

BANK MANDATE FORM – Pensions Section

Telephone: 01595 744644
E-Mail: Pensions-FinanceServices@shetland.gov.uk

PAYMENT BY BANK TRANSFER

www.shetlandpensionfund.org

SECTION ONE

PENSIONER NO (if applicable)

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I, (FULL NAME)

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of (ADDRESS)

--

Post Code:

NATIONAL INSURANCE NO

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Date of Birth

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do hereby authorise the Executive Manager - Finance of Shetland Islands Council to pay all sums due to me for pension, by Bank Transfer into my Bank Account.

SECTION TWO

BANK NAME

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ADDRESS

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Post Code:

SORT CODE

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ACCOUNT NO.

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BUILDING SOCIETY ACCOUNT NO.

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SECTION THREE

DATE

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SIGNATURE

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Notes on completion of this form:

- i) Complete Section One in BLOCK CAPITALS.
- ii) Do not forget to sign and date the form.
- iii) Please submit the sort code and account details, not your bank card number.

THANK YOU FOR YOUR HELP. PLEASE RETURN THIS FORM QUICKLY TO THE ABOVE ADDRESS.