

Bank Mandate Form

Please return forms to: London Borough of Barnet Pension Fund, PO Box 319, Darlington, DL98 1AJ.

Part A Personal Details

Title:	Mr / Miss / Mrs / Ms / Dr (delete as applicable) / other _____		
Surname:	<input type="text"/>	Forenames (in full):	<input type="text"/>
Date of Birth:	<input type="text"/>	NI Number:	<input type="text"/>
Telephone No:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>		

Part B Bank Details

Name(s) of Account Holder(s):	<input type="text"/>		
Bank Name:	<input type="text"/>		
Bank Address:	<input type="text"/>		
Sort Code:	<input type="text"/>	Account Number:	<input type="text"/>

Part C Declaration

I wish for my payment to be paid into the above named bank account.

Signature: _____ Date: _____

Name: _____

The information provided will be processed by Capita for purposes only associated with the London Borough of Barnet Pension Fund and will be used in accordance with its policies, [and the Trust Deed & Rules Scheme regulations](#) and the [regulations on Data Protection Act 1998](#).