



STANDING ORDER Set Up Form

Beneficiary: Daar-E-Arqam Trust

To the
Manager (Your Bank Name):

Branch
Address:

I/We hereby authorise and request you to debit my/our account

(Details of the account from which payments will be made)

Account
Name:

IBAN:

and to Credit the Beneficiary/Receiver account

(Details of the account to which payments will be made)

Account
Name: **DAAR-E-ARQAM TRUST**

IBAN:

Beneficiary
Reference:

(your name or reason of payment)

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Start Date
(cannot be historic):

Please write a date which is at least 10 days
after the date of signing/sending this form

Frequency:

Number of
Payments:

Amount in Euro: _____ in words: _____

Signature: _____ Date: _____

Signature: _____ Date: _____
(For joint accounts)

**Please allow 5 working days prior to the first payment due date
Please return the completed form to your branch**