



NIMDTA BANK MANDATE FORM

*You must complete this form to ensure payment
Failure to do so will result in your payment being delayed*

NAME :	
ADDRESS:	
NAME OF BANK & BRANCH ADDRESS	
EMAIL ADDRESS:	

BANK ACCOUNT NAME :	
NATURE OF BUSINESS /SPECIALITY:	
SIGNATURE :	

SORT CODE :						
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ACCOUNT NUMBER :									
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SELECT DEPARTMENT RESPONSBLE FOR REIMBURSING YOUR COSTS	
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PLEASE SEND COMPLETED BANK MANDATE FORM TO THIS EMAIL ADDRESS	
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PLEASE ADVISE NIMDTA OF ANY BANK /CONTACT DETAIL CHANGES

Supplier Code:	
Verified By:	
Date:	

TO BE COMPLETED BY NIMDTA ONLY

Please note NIMDTA Payment Terms are 30 days from receipt of invoice/claim