

Standing Order Form



Branch _____ Date: DD____/MM____/YY____

**The Manager/Operations Manager,
MyBank Limited
P.O. Box 1111
Mogadishu, Somalia.**

Dear Sir/Madam,

Please effect periodic payments as follows:

Amount _____

on the _____ day of each month for _____ months _____

commencing on _____ and final payment to be paid on _____

Beneficiary details as follows:

Name _____ Account no. _____

Bank _____ Branch _____

Please debit my/our account below

Account name _____ Account no. _____

Applicant(s) signature(s)

1st signatory _____ 2nd signatory _____

For official use

Input at Branch by: _____ Signature _____

Authorized by _____ Signature _____



Nagala soo xariir

7777 (For Local Calls) +252 1 847777 (For International Calls) 252 61 3737777 (For WhatsApp Chat)

E-mail: info@mybank.so | www.mybank.so

Laanta _____

Taariikh: DD____/MM____/YY____

Maamulaha/Operation-ka laanta
MyBank Limited
P.O Box 1111
Mogadishu, Somalia.

Mudane/Marwo,

Fadlan meel mari lacag bixinta waqtiyaysan ee faahfaahinteedu tahay sida soo socota:

Tirada lacagta _____

adinka oo bixinaya lacagtaas maalinka taariikhdu tahay _____ ee bil

kasta iyada oo amarkani soconayo muddo _____ bilood ah oo ka bilaabata

_____ Kuna eg (taariikhda lacagta u danbaysa la bixinayo) _____

Faahfaahinta cidda lacagta loo wareejinayo waa sida soo socota:

Magaca _____ Lambarka akoonka _____

Bankiga _____ Laanta _____

Fadlan ka saara lacagta akoonka number-kiisu yahy:

Magaca akoonka _____ Lambarka akoonka _____

Saxiixa codsadaha/codsadayaasha:

Codsadaha 1aad _____ Codsadaha 2aad _____

Qaybtan bankiga ayaa isticmaalaya:

Codsigan waxaa system-ka geliyay: _____ Saxiixia _____

Codsigan waxaa ansixiyay _____ Saxiixia _____

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