

# Standing Order Application Form

Note: Please complete in BLOCK letters and sign in the appropriate space.



The Manager,  
Branch \_\_\_\_\_  
Bank Nizwa  
Sultanate of Oman

Date:          
DD MM YYYY

Dear Sir/Madam,

## Re: Standing Order

I/We hereby authorise you to execute the following Standing Order on my/our behalf:

Account to be Debited:

Amount to be Transferred: \_\_\_\_\_ Currency: \_\_\_\_\_

Frequency of Transfer:  Daily  Weekly  Monthly  Quarterly  Yearly

Standing Order Start Date: \_\_\_\_\_ Standing Order End Date: \_\_\_\_\_

Mode of Standing Order Execution:  Transfer within Bank Nizwa  Pay Order  
 Demand Draft  Telegraphic Transfer

## BENEFICIARY DETAILS

Name: \_\_\_\_\_

Account No./IBAN No.: \_\_\_\_\_  
(Countries with IBAN please provide IBAN No. in the Account No.)

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

SWIFT/SORT/BIC Code No.: \_\_\_\_\_

Address: \_\_\_\_\_

Correspondent Bank Charges:  Remitter  Beneficiary  Shared

## TERMS AND CONDITIONS

1) Standing Orders will be executed by the Bank from the very first due date. 2) Service charges at the rates prevailing at the time of transaction will be charged to the customer's account on each Standing Order executed. 3) Charges will also be recovered from the customer's account, if Standing Order could not be executed due to insufficient balance maintained in the account. 4) Bank will not be responsible for non-execution of Standing Order, because of insufficient balance in customer's account due to currency rate fluctuations or for any other reason. 5) If Standing Order remains unexecuted due to the reasons of insufficient balance in customer's account the Bank reserves the right to cancel the Standing Order without informing the customer at any time. 6) Above conditions are in addition to (Terms and Conditions) agreed upon by the customer in the Account Opening Form and Funds Transfer Form.

I/We have read and understood the Bank's Terms and Conditions mentioned and agree to abide by them. I/We undertake to maintain sufficient balance in my/our account for execution of Standing Order on due date. I/We agree to pay charges prevailing at the time of execution.

	Customer Name(s)	Signature
First Applicant		
Second Applicant (if joint account)		

Date:          
DD MM YYYY

Approved:  
Operations Officer/Branch Manager