To (name & address of bank / building society):						
Please mark releva	 nt instruction:					
New Instruction					Yes	No
Please amend prev Reference/Beneficia		rder quot	ing		Yes	No
Please transfer from	my / our accoun	t (details b	pelow):			
Sort code		Ac	count n	0		
Name of Account						
Roll number (Halifa:	x account holder	s only)				
the following amount	:					
£	(in figures)	Please i	nsert an	nount in wo	ords below:	
Reference to be que	oted (please inse	ert 1 st line	of addre	ss of rented	d property):	
Frequency of paym	ent: weekly / mo	onthly (del	lete as a _l	opropriate)		
Start date of payme	ents:					
Is this instruction u	ntil further noti	ce?	Yes / No	(delete as a	appropriate)	
If no, please insert						
If amount of first pa amount (in figures a			subsequ	ent payme	nts, please ir	nsert
Signature(s)						
Date						
				stcode		
Telephone no:						
Beneficiary account d						
	ode: 16-24-06		o: 10926	321		
Name of account: Address of bank:	EBM Properties Liverpool Group		es, 1 Dal	e Street, Liv	erpool, L2 2PF	•
BANK USE ONLY:	Keyed by .			 (Initials)	Date	