

St. Ambrose Parents Association 100 Club

I (full name),		_	
Of (address):		_	
		_	
		_	
		-	
wish to purchase units @ £5.00 each per n	nonth = £	(Note a maxi	imum of 4 shares)
Signature:			
Date:			
N.B. Please send the original form to online with your bank), with a c	copy being ema	niled to the k).	SAPA Treasurer
STANDING	GORDER MA	NDATE	
Please pay, on the 1st of every month,	, starting as soc	on as possil	ole, until revoked by
me in writing, the sum of £ to t	=	=	
account number: 31561952; sort code: 40-	08-22 (HSBC Ba	nk plc, 11 St	amford New Road,
Altrincham, Cheshire, WA14 1BW.			
Bank Name & Branch Address	My Ba	nk Details:	
(incl. postcode):	Wiy Bu	nik Details.	
	Accoun	nt Name:	
		nt Number:	
	Sort co	de:	
	Signati	are(s):	