

BANK ORDER

The Manager

----- Bank

----- Branch

Dear Sir

Re: Account No. -----

I, Dr ----- do hereby authorize you to debit from my Savings / Current Account Number -----the sum of **Rs. 2500/-***, **Rs. 5,000/-*** on **December 15** of **every year**, and credit same in favour of **the Dental Council of Mauritius**, Account Number **62020100014914**, State Bank of Mauritius, La Louise Branch, Quatre Bornes.

Thanking you.

Yours faithfully,

Signature:-----

Name :-----

Address :-----

Date :-----

**Copy - The Registrar,
Dental Council of Mauritius
Floreal Road, Cite Mangalkhan, Floreal.**

*** Delete as appropriate**