

# DEED OF COVENANT

TO: THE CHISHOLME INSTITUTE  
CHISHOLME HOUSE  
ROBERTON, HAWICK  
SCOTTISH BORDERS, TD9 7PH

From: Name in Full .....  
(Block Capitals Please)  
Address .....  
..... Postcode .....

I promise to pay you for ..... years or until I die if earlier, such a sum  
as after deduction of income tax at the basic rate amounts to £ .....  
each month/year\* (*delete one*) from ..... 20 .....  
(*date you wish your payment/banker's order to start*).

Signed, sealed & delivered  
(signature) .....

Date (*please use today's date*)..... 20 .....

Before the following witness

Witness signature .....  
Witness Full Name .....  
Address .....  
..... Postcode.....

Please return completed form to Secretary at the Chisholme Institute  
at the address above.

## BANKER'S ORDER - IF YOU HAVE A UK BANK ACCOUNT

*Please fill in name and address of your bank in full.*  
To ..... Bank PLC  
Sort Code: .....-.....-..... Address:.....  
..... Postcode .....  
Please pay to:  
Lloyds TSB Bank PLC, 113 Leadenhall Street, London EC3A 4AX for  
the credit of THE CHISHOLME INSTITUTE LTD (a/c no. 00412112). Sort  
Code 30-94-92

The sum of £ ..... (.....Pounds)  
every month / year / quarter \* (*choose one*) commencing on. ....  
.....20 ..... for.....years.  
And debit my account no .....  
Signature .....  
Name in full .....  
Address .....  
..... Postcode .....

**OR**

## REGULAR CREDIT CARD PAYMENT

I authorise the Chisholme Institute Ltd to deduct payments from my credit  
card as follows:  
The sum of £ ..... (.....Pounds)  
every month / year / quarter \* (*choose one*) commencing on. ....  
.....20 ..... for.....years.  
Cardholder name on card .....  
Card number: .....  
Expiry date: ..... / ..... (*month/year*)  
3 Digit security code: .....

**PLEASE ADVISE US WHEN CARD IS RENEWED OR CHANGED**