

**BANK ORDER**

The Manager

----- Bank

----- Branch

Dear Sir/Madam

**Re: Account No.** -----

I, Dr ----- do hereby authorize you to debit from my Savings / Current Account No. ----- the sum of **Rs 2500/-\*** , **Rs 5000/-\***, on **December 15** of **every year starting from the year 2010**, and credit same in favour of the Medical Council of Mauritius, Account Number 62010100019430, State Bank of Mauritius, La Louise Branch, Quatre Bornes or on Account Number 083255184, Mauritius Commercial Bank, Vacoas.

Thanking you

Yours faithfully,

Signature:-----

Name :-----

Address :-----

Date :-----

**Copy** - The Registrar,  
Medical Council of Mauritius  
One Way Floreal Road, Cite Mangalkhan,  
Floreal.

*\* Delete as appropriate*