Beneficiary Mandate

APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER

FRANCE **Note - Each field on the mandate form must be completed.**

Part 1 Beneficiary Details

Surname _____ Forename(s) _____

Address _____

_____

Tel No or Email Address _____

Reference Number

Part 2 Account details

Please note you must fill in ALL details requested in this section, failure to do so WILL result in a delay in processing your pension.

Name & Address of Bank _____

_____

_____

_____

BIC or SWIFT Code _____

A **5-figure bank code**, followed by a **5-figure branch code**, followed by a **2-figure check digit (Cle R.I.B)** followed by an **11-figure account number** which sometimes includes letters (***Numero De Compte***).

Bank Code: Branch Code:

Check Digit: Account No:

International Bank Account Number (IBAN):

Please contact your bank or financial institution if you require clarification on the above banking requirements. Alternatively, If possible, please forward a void cheque or deposit slip (to CAPITA).

The account is in the name of

Part 3 Please read and sign below

I confirm that the information supplied above is correct and wish my payment to be paid by Direct Credit transfer to the account quoted above.

Signature

Date