Beneficiary Mandate

APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER

ITALY **(Note - Each field on the mandate form must be completed. It is important that your house number, road, town, post code & province code are included in your address details).**

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 **1-figure check digit** (alphanumeric), followed by a maximum **12-figure account number** (Valid characters are 0-9, A-Z. Spaces, back slashes and forward slashes are not valid characters).

Bank Code: [ ][ ][ ][ ][ ] Branch Code: [ ][ ][ ][ ][ ] Check Digit: [ ]

Account Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] **(Leading zero's that are part of an account number must be shown).**

International Bank Account Number (IBAN): [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][