

Beneficiary Mandate

APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER

SPAIN

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

Part 1 Beneficiary Details

Surname _____ Forename(s) _____

Address _____

Tel Number 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 and address of Bank _____

BIC or Swift Code: _____

A **4-figure bank code**, followed by a **4-figure branch code**, followed by **2 check digits**, followed by a maximum **10-figure account number**.

Bank Code: Branch Code: Check Digits:

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

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