

PO Box 1246 Sutherland House Russell Way Crawley RH10 0HZ www.equiniti.com

Tele: 0345 121 2514

Pension Reference:

Application for payment of pension in EUR currency by direct deposit to: Andorra

Forename:	Family name:
Address:	
Contact Telephone Numb	er:
Part 2 Oversees Ban	Cotails Places complete in full
Full Name of Bank or Fina	c Details – Please complete in full ncial Institution:
Full Address of Bank or Fi	nancial Institution:
Full name of the beneficia including spaces:	ry account holder (as quoted on the account) - up to 35 alphabetic characters
пошину зрассэ.	
ank Identification Code	
Ill 11 character BIC required - if 8	characters last 3 = XXX)
nternational Bank Acco	unt Number (IBAN)
lpha/numeric characters)	
Account Type (0 = Cheque/Current, 1 = Saving	e)
(0 - Oneque ourions, 1 - Ouving	5,
art 3 – Please sign belo	w:
Signed:	Date:
	nt to the processing of your personal data (i.e. name, address, bank account and payment gents over which the Equiniti Group and the Payment Agent have no control. In addition you
should be aware that data is ne	ressarily transmitted outside the UK, where Data Protection controls may differ. In certain for the Payment Agent may be required to provide details such as your full name and address,
	indering or anti-terrorism requirements.