

Pension Reference:

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

Part 1 - Personal Details - Please complete in full

Forename:	Family name:
Address:	
Contact Telephone Number:	

Part 2 – Overseas Bank Details – Please complete in full

Full	Name o	f Bank	or Fir	ancial	Institu	tion:									
Full /	Address	s of Ba	ink or l	Financ	al Inst	itution:									
Full r	name o	f the b	enefici	ary ac	count h	nolder (as quo	oted on	the ad	count) - u	p to 35	5 alpha	betic cha	aracters
includ	ling space	es:													
L															
Bank	Identi	ficati	on Co	ode (S	Swift E	BIC) (f	ull 11 cl	naracter	BIC req	uired - i	f 8 cl	haract	ers las	t 3 = XX	X)
]				

International Bank Account Number (IBAN) (31 continuous alpha/numeric characters)

Account Type (0 = Cheque/Current, 1 = Savings)

Part 3 – Please sign below:

Signed:

Date:

By signing this Form you consent to the processing of your personal data (i.e. name, address, bank account and payment details) by third party banking agents over which the Equiniti Group and the Payment Agent have no control. In addition you should be aware that data is necessarily transmitted outside the UK, where Data Protection controls may differ. In certain jurisdictions Equiniti Group and/or the Payment Agent may be required to provide details such as your full name and address, to comply with local anti-money laundering or anti-terrorism requirements.

09/02/2021 V14 Malta