

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 XCD currency by direct deposit to: St Vincent & The Grenadines

Forename:	Family name:
Address:	
Contact Telephone Number/ Email a	iddress:
Part 2 – Overseas Bank Details – Full Name of Bank or Financial Instit	•
Tuli Name of Bank of Financial insul	uion.
Full Address of Bank or Financial Ins	stitution:
Full name of account holder (as quot	ted on the bank account) Max 18 characters
Dank Code Dranch Cod	do l
Bank Code Branch Cod	16
All 8 digits are required, no hyphens, slashes of	or alpha characters to be entered)
ank Identification Code (Swift BI	C) (full 11 character BIC required - if 8 characters last 3 = XXX)
Account Number	
13 numeric digits, no hyphens, slashes or spar	ces to be entered)
Account Type (0 = Cheque Account, 1 = Sa	avings Account) :
Port 2 Places sign below	
Part 3 – Please sign below:	
Signed:	Date:
details) by third party banking agents over which you should be aware that data is necessarily tra	ssing of your personal data (i.e. name, address, bank account and payment on the Equiniti Group and the Payment Agent have no control. In addition ansmitted outside the UK, where Data Protection controls may differ. In Payment Agent may be required to provide details such as your full name aundering or anti-terrorism requirements.