

requirements.

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 TTD currency by direct deposit to: Trinidad & Tobago

Forename:	Family name:
Address:	
Contact Telephone Number/ E	Email address:
Part 2 – Overseas Bank Det Full Name of Bank or Financia	tails – Please complete in full
Full Name of Bank of Financia	ar institution.
Full Address of Bank or Finan	cial Institution:
Full name of account holder (s	as guetad on the bank associat) May 19 sharestore
Full harne of account holder (a	as quoted on the bank account) Max 18 characters
	1
Bank Code Bran	nch Code
Ill 8 digits are required, no hyphens, sl	lashes or alpha characters to be entered
ank Identification Code (Sy	wift BIC) (full 11 character BIC required - if 8 characters last 3 = XXX)
Account Number 13 numeric digits, no hyphens, slashe	es or spaces to be entered)
Account Type - 0 = Cheque Account	nt 1 – Savings Account
Toodant Typo 0 = oneque necodi	nt, 1 = Gavings / iccount
Part 3 – Please sign below:	
Signed:	Date:
	e processing of your personal data (i.e. name, address, bank account and
payment details) by third party banking	g agents over which the Equiniti Group and the Payment Agent have no re that data is necessarily transmitted outside the UK, where Data Protection
controls may differ. In certain jurisdiction	ons Equiniti Group and/or the Payment Agent may be required to provide