



FINANCIAL IDENTIFICATION FORM

ACCOUNT HOLDER

BENEFICIARY NAME	<input type="text"/>		
	<input type="text"/>		
ADDRESS	<input type="text"/>		
	<input type="text"/>		
TOWN/CITY	<input type="text"/>	POSTCODE	<input type="text"/>
COUNTRY	<input type="text"/>		

BANK

BANK NAME	<input type="text"/>		
	<input type="text"/>		
ADDRESS	<input type="text"/>		
	<input type="text"/>		
TOWN/CITY	<input type="text"/>	POSTCODE	<input type="text"/>
COUNTRY	<input type="text"/>		
ACCOUNT NUMBER	<input type="text"/>		
IBAN*	<input type="text"/>		
SWIFT / BIC	<input type="text"/>		

REMARKS**

NAME + FUNCTION + SIGNATURE OF BANK REPRESENTATIVE***

BANK STAMP ***

DATE***

NAME + FUNCTION + SIGNATURE OF ACCOUNT HOLDER***

DATE***

* If the IBAN Code (International Bank Account Number) is applied in the country where your bank is situated.

** E.g. information on SEPA format, acceptance EUR

*** Obligatory