Pension Reference:

Service Number:

National Insurance:

Application for payment of pension in BAM currency by direct deposit to: Bosnia and Herzegovina (BAM)

Part 1 - Personal Details – Please complete in full

Forename:	Family name:
Full Beneficiary Address Required:	
Contact Telephone Number Required:	

Part 2 – Overseas Bank Details – Please complete in full

Full Name of Bank or Financial Institution:

Full Address of Bank or Financial Institution:

Full name of the beneficiary account holder (as quoted on the account) - up to 35 alphabetic characters including spaces:

Bank Identification Code (Swift BIC) (full 11 character BIC required - if 8 characters last 3 = XXX)

International Bank Account Number (IBAN) (20 continuous alpha/numeric characters)

Reason for payment

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 pers details) by third party banking agents over which the Equiniti Gr you should be aware that data is necessarily transmitted outsid certain jurisdictions Equiniti Group and/or the Payment Agent m and address, to comply with local anti-money laundering or anti-	roup and the Payment Agent have no control. In addition e the UK, where Data Protection controls may differ. In nay be required to provide details such as your full name

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