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Tele: 0345 121 2514

Pension Reference:

Application for payment of pension in AED by direct deposit to: United Arab Emirates

Part 1 - Personal Details – Please complete in full	
Forename:	Family name:
Address:	
Contact Telephone Number/Email Address): :
Part 2 – Overseas Bank Details – Pl	ease complete in full
Full Name of Bank or Financial Institution:	•
Full Address of Bank or Financial Institution	ר:
Full name of the beneficiary account holder	r (as quoted on the account) Max 34 characters
Bank Identification Code (Swift BIC)	
International Bank Account Numbe	er (IBAN) – 23 Alpha numeric characters
PURPOSE CODE PEN	
Part 3 – Please sign below:	
Signed:	Date:
By signing this Form you consent to the processing of details) by third party banking agents over which the you should be aware that data is necessarily transmi	of your personal data (i.e. name, address, bank account and payment Equiniti Group and the Payment Agent have no control. In addition itted outside the UK, where Data Protection controls may differ. In ent Agent may be required to provide details such as your full name

08/02/2021 V6 UAE