Pension Reference:

Application for payment of pension in EUR currency by direct deposit to: Cyprus

Forename:	Family name:
Address:	
Address.	
Contact Telephone Number:	
Part 2 – Overseas Rank Details -	- Please complete in full
Part 2 – Overseas Bank Details – Please complete in full Full Name of Bank or Financial Institution:	
Full Address of Bank or Financial Inst	itution:
Full name of the beneficiary account holder (as quoted on the account) - up to 35 alphabetic characters	
including spaces:	
ank Identification Code (Swift B	IC) (full 11 character BIC required - if 8 characters last 3 = XXX)
nternational Bank Account Number (IBAN) (28 continuous alpha/numeric characters)	
CY	
01	
Account Type	
(0 = Cheque/Current, 1 = Savings)	
art 3 – Please sign below:	
Signed:	Date:
By signing this Form you consent to the processing of your personal data (i.e. name, address, bank account and payment details) by third party banking agents over which the Equiniti Group and the Payment Agent have no control. In addition	
you should be aware that data is necessarily transmitted outside the UK, where Data Protection controls may differ. In certain jurisdictions Equiniti Group and/or the Payment Agent may be required to provide details such as your full name	
and address, to comply with local anti-money laundering or anti-terrorism requirements.	