Pension Reference:

Application for payment of pension in GEL currency by direct deposit to: Georgia

art 1 - Personal Details – Please	e complete in full
orename:	Family name:
Address:	
Contact Telephone Number:	
Part 2 – Overseas Bank Details ·	– Please complete in full
Full Name of Bank or Financial Institution:	<u>-</u>
Full Address of Bank or Financial Institution	on:
Full name of the beneficiary account holde	er (as quoted on the account) Max 32 characters
ternational Bank Account Number continuous alpha/numeric characters)	(IBAN)
G E	
ank Identification Code (Swift BIC)	1
character BIC required - if 8 characters last 3 = X	
Account Type	
0 = Cheque/Current, 1 = Savings)	
rt 3 – Please sign below:	
Signed:	Date:
By signing this Form you consent to the processina	g of your personal data (i.e. name, address, bank account and paymer
letails) by third party banking agents over which the	e Equiniti Group and the Payment Agent have no control. In addition
ou should he aware that data is necessarily transn	mitted outside the UK, where Data Protection controls may differ. In