Pension Reference:

Application for payment of pension in XCD currency by direct deposit to: St Vincent & The Grenadines

Forename:		Family name:
Address:		I
Contact Telephor	ne Number/ Email add	ddress:
Part 2 – Oversea	as Bank Details – P	Please complete in full
Full Name of Bar	nk or Financial Instituti	tion:
Full Address of B	ank or Financial Instit	itution:
Full name of acco	ount holder (as quotec	ed on the bank account) Max 18 characters
I dil Hame di acco	Junt Holder (as quotec	d on the bank accounty wax to characters
Bank Code	Branch Code	3
All 8 digits are require	d, no hyphens, slashes or a	r alpha characters to be entered)
ınk Identificatio	on Code (Swift BIC)	C) (full 11 character BIC required - if 8 characters last 3 = XXX)
Account Number		
	nyphens, slashes or spaces	es to be entered)
ccount Type (0 =	Cheque Account, 1 = Savir	vings Account) :
Part 3 – Please s	sian below:	
	<u></u>	
Signed:		Date:
details) by third party I you should be aware t certain jurisdictions Ed	banking agents over which t that data is necessarily trans quiniti Group and/or the Payı	ing of your personal data (i.e. name, address, bank account and paymer the Equiniti Group and the Payment Agent have no control. In addition nsmitted outside the UK, where Data Protection controls may differ. In ayment Agent may be required to provide details such as your full name undering or anti-terrorism requirements.