



## BANK DETAILS FORM

(Please print clearly or type information)

### BENEFICIARY

**Title / Company Name** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS:** Street \_\_\_\_\_

Number \_\_\_\_\_ Postcode \_\_\_\_\_

**TOWN / CITY** \_\_\_\_\_

**COUNTRY** \_\_\_\_\_

**ACCOUNT HOLDER** \_\_\_\_\_

(if different from beneficiary) \_\_\_\_\_

### BANK ACCOUNT

**IBAN** \_\_\_\_\_

*(For countries with IBAN format only)*

**CODE SWIFT (BIC)** \_\_\_\_\_ **CURRENCY** \_\_\_\_\_

**BANK ACCOUNT NUMBER** \_\_\_\_\_

*(For countries without IBAN format)*

**ROUTING NUMBER** \_\_\_\_\_

*(For US banks only)*

**BANK NAME** \_\_\_\_\_

**BANK ADDRESS** Street \_\_\_\_\_

Number \_\_\_\_\_ Postcode \_\_\_\_\_

**TOWN / CITY** \_\_\_\_\_

**COUNTRY** \_\_\_\_\_

**SWIFT CORRESPONDENT** \_\_\_\_\_

(for banks with correspondent only)

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reimbursement of expenses. For further  
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Sent to Accounting Service by: \_\_\_\_\_ on: \_\_\_\_\_  
(DD/MM/YYYY)