



**APPLIED
BEHAVIORAL
HOLISTIC HEALTH**

Bank Details Form

Please complete this form accurately. Your payment details will remain confidential and used only for payroll purposes.

BANK INFORMATION

Bank Account Number: 0038775429

PERSONAL INFORMATION

Recipient's First Name: AKABOM

Bank Name: GUARANTEE TRUST BANK

Recipient's Last Name: KADANA

Bank Branch Name: ABA ROAD, PORT HARCOURT

Recipient's Address: ROYAL GARDEN ESTATE

Bank Address: GRA, PORT HARCOURT

Recipient's City: AJAH, LAGOS

Bank City: PORT HARCOURT

Recipient's Country: NIGERIA

Bank Country: NIGERIA

Recipient's Postal Code: 106104

Bank SWIFT Code: _____

Recipient's Email: akabomkadana@yahoo.com

Bank Routing No: _____