Beneficiary Mandate
APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER
AUSTRIA Note - Each field on the mandate form must be completed.

Part 1 Beneficiary Details

Surname _____ Forename(s) _____

Address _____

_____

_____

Tel No or Email Address: _____

Reference Number

Part 2 Account details

Please note you must fill in ALL details requested in this section, failure to do so WILL result in a delay in processing your pension.

Name & Address of Bank _____

_____

_____

BIC or SWIFT Code _____

A maximum **11-figure account number**, followed by a **5-figure bank code**. If the account number is less than 11 figures then leading spaces must be added.

Account Number:

Bank Code

International Bank Account Number (IBAN):

Please contact your bank or financial institution if you require clarification on the above banking requirements. Alternatively, If possible, please forward a void cheque or deposit slip (to CAPITA).

The account is in the name of

Part 3 Please read and sign below

I confirm that the information supplied above is correct and wish my payment to be paid by Direct Credit transfer to the account quoted above.

Signature

Date