

Beneficiary Mandate
APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER
DENMARK **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 4-figure bank code, followed by a maximum **10-figure account number**.

Bank Code

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Account Number:

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(Leading zero's that are part of an account number must be shown).

International Bank Account Number (IBAN):

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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