

Beneficiary Mandate
APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER
THE NETHERLANDS 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

Name & Address of Bank _____

BIC or SWIFT Code _____

A **3-figure bank code**, followed by a **7 digit account number** (7 digit PostBank account numbers or saving's A/C's numbers cannot be accepted).

Bank Code: Account number:

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