Beneficiary Mandate
APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER
PORTUGAL **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 **4-figure branch code**, followed by a **2-figure check digit,** followed by an **11-figure account number**.

Bank Code: Branch Code: Check Digit:

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