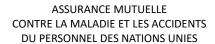
OFFICE DES NATIONS UNIES À GENÈVE





UNITED NATIONS OFFICE AT GENEVA

UNITED NATIONS
STAFF MUTUAL INSURANCE SOCIETY
AGAINST SICKNESS AND ACCIDENT

BANKING INSTRUCTIONS

Last name: (must match the name of the beneficiary bank account)		First name: (must match the name of the beneficiary bank account)	
Organization/Office:	Duty station (City, Country):	Phone number:	Index number: (only for active staff members)
			Insurance number:
Mailing address: (must match the address of the beneficiary bank account)			
E-mail address:			
Name of bank:			
Address of bank:		Country of bank:	
International bank account number (IBAN): For all the Countries where the IBAN is mandatory in cross border payments			
Account number:		Bank SWIFT code:	
Currency of bank account authorized: USD CHF EUR GBP AUD CAD DKK HUF JPY MXN NOK NZD PLN SEK SGD THB ZAR		Corresponding bank: For all USD payments outside the USA*	
Additional information**:			
* Kindly obtain the Correspond charged by our default corresp		m your bank to avoid	possible higher bank fees
** If your Bank Account belongs to	one of the following countrie	es, kindly provide the add	ditional information indicated:
		-	DA: Please provide your 8-digit Transit ABA Routing Number, UK : please provide
Signature: (Primary member)		Date:	