



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 registered with this 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: <input type="checkbox"/> USD <input type="checkbox"/> CHF <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> DKK <input type="checkbox"/> HUF <input type="checkbox"/> JPY <input type="checkbox"/> MXN <input type="checkbox"/> NOK <input type="checkbox"/> NZD <input type="checkbox"/> PLN <input type="checkbox"/> SEK <input type="checkbox"/> SGD <input type="checkbox"/> THB <input type="checkbox"/> ZAR	Corresponding bank: <u>For all USD payments outside the USA*</u>
Additional information**:	

** Kindly obtain the Corresponding Bank information from your bank to avoid possible higher bank fees charged by our default corresponding bank.*

** If your Bank Account belongs to one of the following countries, kindly provide the additional information indicated:

- ⇒ AUSTRALIA and NEW ZEALAND: Please provide your 6-digit BSB Code, CANADA: Please provide your 8-digit Transit Number, MEXICO: Please provide your 18-digit CLABE, USA: Please provide your ABA Routing Number, UK: please provide your 6 digits Sort Code

Signature: (Primary member)	Date:
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