

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:	
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:	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-digit Sort Code

Signature: (Primary member)	Date:
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