

Western Union Business Solutions International Payment Mandate Form

| overseas bank account please complete the form below in BLOCK CAPITALS using black ink. | |
|---|---|
| Country | Currency Code |
| Beneficiary Details | |
| Beneficiary Name | Ref number |
| | |
| Address | |
| | |
| City | Country |
| | |
| Post Code/Zip Code | Email Address |
| | |
| Telephone Number | Beneficiary Passport Number or RNC or RUC or DNI |
| | |
| Danking Information | |
| Banking Information Receiving Bank Name | Beneficiary Bank Swift Code (8 or 11 characters) 11 digit is recommended |
| Receiving Bank Name | Beneficially Bank Switt Code (6.01 if characters) if digit is recommended |
| Receiving Bank Address | |
| receiving Bank Address | |
| City | Country |
| | |
| Post Code/Zip Code | Currency of Account |
| | |
| Beneficiary Bank Account Number / IBAN | |
| | |
| Account Name (Name as quoted on bank account) | |
| | |
| Beneficiary Bank Routing Code | Type of Account (Cheque, Savings, Current etc) |
| | |
| Parlamettan | |
| Declaration I hereby confirm that the information provided above is correct to the second of the s | the best of my knowledge and confirm that I wish for my |
| payments to be paid into the account noted above. | |
| The information you provide within this form will be used by Wester payments. The information you provide may be transferred to WUBS | rn Union Business Solutions (UK) Limited (WUBS) to process your S's affiliate company and securely held in a database in the United States. |
| Signature | Date: |
| - S.g. idadi S | 23.0. |
| | |
| For Payment Provider Use Only | |
| Signature | Date: |
| | |

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