Service Number: National Insurance Number: Pension Reference

Application for payment of pension in local currency (CZK) by direct deposit to: **Czech Republic**

**Part 1 - Personal Details**

|  |  |
| --- | --- |
| Forename: | Family name: |
| Address: | |
| Contact Telephone Number: | |

**Part 2 – Overseas Bank Details**

|  |
| --- |
| Full Name of Bank or Financial Institution: |
| Full Address of Bank or Financial Institution: |
| Full name of account holder (as quoted on the bank account) Max 18 characters |
|  |

**Swift/BIC** (8 or 11 characters)

|  |
| --- |
|  |

**International Bank Account Number (IBAN) (24 alpha/numeric characters)**

|  |
| --- |
|  |

**Part 3 – Please Sign below:**

|  |
| --- |
| **Signed: Date:**  By signing this Form you consent to the processing of your personal data (i.e. name, address, bank account and payment details) by third party banking agents over which the Equiniti Group and the Payment Agent have no control. In addition you should be aware that data is necessarily transmitted outside the UK, where Data Protection controls may differ. In certain jurisdictions Equiniti Group and/or the Payment Agent may be required to provide details such as your full name and address, to comply with local anti-money laundering or anti-terrorism requirements. |

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