Crown Agents Bank

Moving money where it's needed

Payment Mandate PORTUGAL/AZORES

Application for payment by direct deposit into a bank account

PLEASE INDICATE WHETHER THIS IS A NEW INSTRUCTION OR AN AMENDMENT TO EXISTING ACCOUNT DETAILS

NEW [✓] ☐ **AMENDMENT [✓]** ☐

- Fill in the form in CAPITAL LETTERS. Complete account number from the left & include any dashes (-).
- Complete Parts 1 and 2. Your bank will help you if you are not sure of the branch/bank codes.
- Sign Part 3.
- If you have nominated a cheque account, please attach a cheque, clearly marked '**CANCELLED**', to this form.

PART 1

Your Name:_____

Forename(s) Surname

Your Address:_____

_____

Email Address: _____

Your Reference Number if you have one: **FI2/** ☐☐☐☐☐☐

PART 2

Name of Bank or Financial Institution:_____

Name of Branch of Bank or Financial Institution:_____

Full Address of Bank or Financial Institution:_____

_____

NIB Code/Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SWIFT Code of institution where your account is held or head office: ☐☐☐☐☐☐☐☐☐

IBAN: **P T** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

IBAN = International Bank Account Number

Currency in which account held (EUR ***or*** USD): ☐☐☐

The Account is in the Name(s) of:_____

PART 3 Please sign below

Please pay my pension payments by direct deposit to the account noted above:

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Created (✓): ☐ **Amended (✓):** ☐ **Inputter:** _____ **Date:** _____

Other (specify): _____ **Authoriser:** _____ **Date:** _____