International payment mandate form



If you would like your Pension provider to instruct Convera UK Financial Limited (Convera) to pay your pension into your overseas bank account please complete the form below in BLOCK CAPITALS using black ink.

| Country | Dominican Republic | Currency code | DOP | |
|---|--|--|------|---------------------|
| Beneficiary | / Details | | | |
| Beneficiary name | | Pension number | er/ | |
| Address | | | | |
| City | | Country | | |
| Post code/ Zip code | | Email address | | |
| Banking In | formation | | | |
| Receiving bank name | | Beneficiary Bank Swift Code (8 or 11 characters) 11 digit is recommended | | |
| Receiving ba | ank address | City | | Country |
| Account nan | ne (name as quoted on bank account) | Post code/Zip (| code | Currency of account |
| Beneficiary A | Account Number (28 digit IBAN required) | | | |
| Type of account (cheque, savings etc.) | | Beneficiary telephone number (required) | | |
| Beneficiary Passport Number or RNC* | | Purpose of payment | | |
| *Registro Na | cional de Contribuyentes – if the Beneficiary is a legal | entity | | |
| Declaration | 1 | | | |
| I hereby confirm that the information provided above is correct to the best of my knowledge, and confirm that I wish for my pension payments to be paid into the account noted above. The information you provide within this form will be used by Convera to process your pension payments. The information you provide may be transferred to Convera's affiliate companies and securely held in a database in the United States. | | | | |
| Signature | | | Date | |
| For pension | provider use only | | | |
| Signature | | | Date | |