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	MARSHALL ISLANDS	Currency co	de	USD	
Beneficiary	Details				
Beneficiary name		Pension nur Ref no.	mber/		
Address PO Boxes not permitted					
City		Country			
Post code/ Zip code		Telephone number			
Banking Inf	formation				
Receiving ba	Beneficiary Bank Swift Code (8 or 11 characters) 11 digit is recommended				
Receiving ba	nk address				
City	Country	Post code/Z	ip code	е	Currency of account
Beneficiary b	Account name (name as quoted on bank account)				
Type of accou	Purpose of payment				
Declaration					
payments to The informat	Firm that the information provided above is correct to be paid into the account noted above. ion you provide within this form will be used by Convigerred to Convera's affiliate companies and securely h	era to process	your p	pension payr	ments. The information you provide
Signature				Date	
For pension	provider use only				
Signature				Date	