## 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	MALI	Currency code	XOF
Beneficiary Details			
Beneficiary name Address		Pension number/ Ref no.	
/ (ddie33			
City		Country	
Post code/ Zip code		Email address	
Banking Information			
Receiving ba	nk name	Beneficiary Bank Sv	wift Code (8 or 11 characters) 11 digit is recommended
Receiving bank address			
City	Country	Post code/Zip cod	e Currency of account
Beneficiary Account Number (28 digit IBAN)			
Type of account (cheque, savings etc.)		Account name (name as quoted on bank account)	
Purpose of payment			
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 Consferred to Convera's affiliate companies and securely	vera to process your p	oension payments. The information you provide
Signature			Date
For pension provider use only			
Signature			Date