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	Sweden	Currency code	SEK or EUR
Beneficiary Details			
Beneficiary name		Pension number/ Ref no.	
Address			
City		Country	
Post code/ Zip code		Email address	
Banking Inf	ormation		
Receiving ba	nk name	Beneficiary bank S	wift code (8 or 11 characters) 11 digit is recommended
Receiving bank address			
City	Country	Post code/Zip cod	de Currency of account
Beneficiary account number (24 digit IBAN required)			
Type of account (cheque, savings etc.)		Account name (name as quoted on bank account)	
Purpose of payment			
Declaration			
payments to The informat	irm 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 Conv ferred to Convera's affiliate companies and securely l	vera to process your	pension payments. The information you provide
Signature			Date
For pension provider use only			
Signature			Date