

PAYMENT INSTRUCTION FORM FOR PAYMENTS TO FRANCE

Personal Details

Name	_____
Pension Number	_____
Address	_____ _____ _____

Bank Details

Name of Bank	_____
Bank Address	_____ _____
Account Name	_____
Account Type	_____
RIB (Releve d'Identite Bancaire)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Number <i>(IBAN not applicable)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional Information

Narration or Instructions	_____ _____ _____
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Signed _____	Date _____
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