**Full name of bank or financial institution - Mandatory**

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**Branch Name & complete address of bank - Mandatory**

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**Beneficiary Bank Identification Code (Swift BIC) -**
**full 11 character BIC required - if 8 characters last 3 = XXX - Mandatory**

|  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |  |

**Name of account holder (maximum 35 characters Alphabetic including spaces ) - Mandatory**

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**Account number -**
**maximum 34 digits (can be Alphanumeric), no hyphen '-' or slash '/' or space allowed - Mandatory**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Payment Details Field: Reason for Payment is required to be included**

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**Currency the account is held in ( If left blank local currency will be used)**

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I wish the payment to be paid by direct deposit to the account noted above.

**CAE/IPI Number** _____     **Date** _____


**Name** _____     **Signature** _____

Angola