

Full name of bank or financial institution - Mandatory																
Full address of bank or financial institution - Mandatory																
Name of account holder (maximum 35 characters including spaces - no hyphens or slashes allowed) - Mandatory																
Acco	Account number															
(max	imum 1	7 digits	s - no h	yphen	s '-' or	slashe	s '/' or	charac	cters al	llowed)	- Man	datory	,			
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Acco	unt nun	nhar le	nath v	ariae n	or Ran	k Plas	se refe	ar to th	a halov	w tahla						
Acco	unt nun			aries p	CI Dali							Ī				
BANKS BANCO LEON					ACCOUNT NUMBER LENGTH 10						Ì					
BANCO POPULAR					6 TO 12						İ					
BANCO POPULAR BANCO DEL PROGRESO					10											
BANCO DEL PROGRESO BANCO DEL RESERVAS							15									
BANCO DEL RESERVAS 13 BANCO SANTA CRUZ 14										Ì						
REPUBLIC BANK					10					İ						
SCOTIABANK						17					Ì					
BANCO BHD					11					Ì						
Note: If account is less than fix length, please fill with zeroes at the left.																
Bank Routing number and Branch Transit code -																
(8 digits - no hyphens '-' or slashes '/' or characters allowed) - Mandatory																
If Branch code is less than 3 digits add leading zeroes to make it a 3 digit number.																
If Branch Transit code is less than 5 digits, add leading zeroes to make it a 5 digit number.																
Bank Code Branch Transit code																
Account type - Checking or Savings - Mandatory																
01 Savings																
02	_															
03 Others																
Bank	Bank Identification Code (Swift BIC) -															
	1 chara			-	-	racters	last 3	= XXX	- Optio	onal						

Continued Overleaf

BANKS	BANK CODE
BANCO LEON	10
BANCO POPULAR	003
BANCO DEL PROGRESO	005
BANCO DEL RESERVAS	007
BANCO SANTA CRUZ	009
REPUBLIC BANK	006
SCOTIABANK	800
BANCO BHD	004

For other banks other than the above list Managers Cheque would be issued. Bene's are required to pick up the cheques from their bank

Currency the account is neid in (if left blank	Riocal currency will be used)
I wish the payment to be paid by direct depo	sit to the account noted above.
CAE/IPI Number	Date
Name	Signature