



Full name of bank or financial institution - Mandatory

Full address of bank or financial institution -

3 lines of 35 Alphanumeric characters including spaces - Mandatory

The address information should be provided in the following order:

Street, City, Post Code, Country in line order 1st, 2nd and 3rd.

Street,
City, Post Code
Country

Name of account holder - up to 35 alphanumeric characters -

No characters allowed from Greek Char set - Mandatory

The name should be provided as it appears assigned to the Beneficiary account number.

International Bank Account Number (IBAN) - 27 contiguous alphanumeric characters - Mandatory

Bank Identification Code (Swift BIC) -

full 11 character BIC required - if 8 characters last 3 = XXX - Optional

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

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

CAE/IPI Number _____ Date _____

Name _____ Signature _____