

CITI MANDATE: (GREECE-SEPA)

IMPORTANT

**PLEASE CONFIRM
THE TYPE OF
CURRENCY USED
BY YOUR
ACCOUNT**

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(Tick one ✓)

NEW	AMENDMENT	
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HOW TO FILL IN THE FORM

- Please read the leaflet carefully then fill in the form in CAPITAL LETTERS.
- Fill in Parts 1 and 2. Your overseas bank will help you if you are not sure.
- Sign Part 3.

PART 1																				
Forename(s)	Surname																			
Your Address:																				
Your Reference Number:	Scheme:																			
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PART 2
Full Name and Address of Bank or Financial Institution

International Bank Account Number (IBAN) MANDATORY

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Bank Identification Code (Swift BIC) MANDATORY

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Name of Account Holder MANDATORY

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Account type :(Tick one ✓) Mandatory

	01 Savings Account
	02 Checking and Current Account
	03 Others

ONLY MANDATORY FOR NON EURO PAYMENTS

Name of Account Holder (No characters allowed from Greek Char set)

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

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PART 3. Please read and sign below.	
I have read and understood the leaflet which accompanied this form and wish the payment to be paid by direct deposit to the account noted above.	
Signature _____	Date _____