

Identity form for beneficiary

Information benficiary:		
NAME-Surname		
Corporate name		
Corporate status*		
Adress		
Postal box		
City*		
Country*		
N° de Siret		(french corporate only)
N° de Tva Intracommuautaire		(EU corporate only)
Phone number		
Email adress*		-
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Information on the benficiary bank		
Name of the bank		
Adress of the bank *		
	(please fill in the complete adress)	
City*		
Country*		
Account holder		
	(exact term which are on the bank identific	ation document)
Account number		/
lban/Bban(*)		
	(*)If the IBAN (international bank account	number) exists in the country the bank is established in
Bic/Swift		
Account currency (1 possible choice)	O Monnaie Locale O Euros	• Dollars
Precise if it is a local currency :		
Theose in it is a locar currency .		

Please attach a identification bank document -Some country or banks does not give it. In this case, please make sign this document by the bank

Only if no RIB :		Date			
Stamp and signature of the bank (both compulso	ory)				
		Name - Surname of the beneficiary	- Signature		
Before sending, make sure all of the information on this document are exact and fulfilled.					
In case of account change, please refill this document with the new information					