**BANKING DETAILS FORM**

**FOR INDIVIDUALS (NON-STAFF) ONLY** Please complete and submit this Form to your local designated focal point. Responsibility for the accuracy of information provided rests with the Beneficiary. It is recommended to consult with respective bank to confirm accuracy of banking details. All inputs should be typed. By checking this box, **I** (**beneficiary**) **certify** that I read the above and all submitted

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| --- |
|  information on Parts A, B and C, are accurate. [ ]  |

Part A: Beneficiary (BNF) Details

|  |  |  |
| --- | --- | --- |
|  |  | *Click or tap here to enter.* |
| UNITED NATIONS INDEX NUMBER |  | TELEPHONE NUMBER |
| *Click or tap here to enter*. |  | *Click or tap here to enter.* |
| LAST NAME (full) |  | FIRST NAME (full) |

Part B: Beneficiary Bank Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Click or tap here to enter.* |  | *Click or tap here to enter.* |  | *Click here.* |
| BANK NAME (full) |  | BANK COUNTRY |  | CURRENCY |
| *Click or tap here to enter*. |  | *Click or tap here to enter.* |  | *Click or tap here to enter.* |
| SWIFT (BIC) |  | BANK NATIONAL ID |  | BRANCH ID |
| *Click or tap here to enter.* |
| BANK ADDRESS (full: use both lines) |  |  |  |  |
| *Click or tap here to enter*. |  | *Click or tap here to enter*. |  | *Click or tap here to enter.* |
| BANK CITY |  | BANK STATE |  | BANK ZIP CODE |
| *Choose an item.* |  | *Click or tap here to enter*. |  | *Choose an item.* | *Click or tap here to enter.* |
| OTHER CODES & ID’s (Required in some countries - please choose respective label from dropdown and add data). (For example, ABA routing for ACH payments; Tax Id in Latin America; Transit code in Canada; Zengin code in Japan; INN in Russia, Uzbekistan, Kazakhstan; IFSC in India; BSB in Australia, Kiribati). |

Part C: Beneficiary Account Details

|  |  |  |  |
| --- | --- | --- | --- |
| *Click or tap here to enter.* | CHECKING |[ ]    | SAVING |[ ]
| ACCOUNT HOLDER NAME (full) |  |
| *Click or tap here to enter*. |
| BANK ACCOUNT NUMBER |
| *Click or tap here to enter*. |
| BANK ACCOUNT NUMBER IN **IBAN** FORMAT |
| **Additional Information:** | *Click or tap here to enter.* |
|  |  |  |  |  |  |  |

Part D: Requestor (Focal Point/Admin) Details

|  |  |
| --- | --- |
| By checking this box, **I certify** the above data is as received from Beneficiary |  |[ ]
| *Click or tap here to enter.* |  | *Click or tap here to enter.* | *SELECT FROM DROPDOWN.* |
| PRINTED NAME |  | OFFICE |  | DATE |