**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 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)Click or tap here to enter text. |  | FIRST NAME (full)Click or tap here to enter text. |  |
| STREET ADDRESS |  | Email Address |

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) |  | DOMESTIC ROUTING CODE |  | BRANCH ID |
| *Click or tap here to enter.* |
| BANK ADDRESS  |  |  |  |  |
| **SPECIAL INSTRUCTIONS:**  |  | Click or tap here to enter text. |  |  |  |

For example: Transit code in Canada; Zengin code in Japan, ACH in USA, IFSC in India, etc.

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.* |
| OTHER CODES & ID’s: Required in some countries - For example, Tax ID in Latin America, INN in Russia, Uzbekistan, etc. |

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 |