

Please complete electronically (preferred) or print in block letters with black or blue ink.



ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS

BANK ACCOUNT DETAILS

ID VENDOR (only for OPCW internal use): _____

Please ensure that the information provided in this form for bank transfers are complete and accurate. Incorrect information may result in delays arising from efforts to verify the information. The OPCW will recover from the payee, upon re-issuance of the payment, any bank charges resulting from incorrect information, and/or any indirect costs such as losses due to exchange rate fluctuations.

ACCOUNT HOLDER'S DATA	
ACCOUNT HOLDER: _____	
STREET & NUMBER: _____	
TOWN/CITY: _____	POSTCODE: _____
COUNTRY: _____	

BANKING DETAILS ①

New bank account details Additional bank account details Change in bank account details

ACCOUNT NAME ② _____

IBAN/ACCOUNT NUMBER ③ _____

BIC/SWIFT CODE _____

BRANCH CODE ④ _____

BANK NAME _____

ADDRESS OF BANK BRANCH

STREET & NUMBER: _____	
TOWN/CITY: _____	POSTCODE: _____
COUNTRY: _____	

- ① Enter the final bank data and not the data of the intermediary bank.
- ② This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.
- ③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established.
- ④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.

The signature of the account-holder and the date are ALWAYS mandatory.

Date and Place: _____ Name and Signature: _____

If company, please also add stamp