

Please note that all areas must be filled. We are unable to pay you until you have completed this form in full.



**ORGANISATION FOR THE
PROHIBITION
OF CHEMICAL WEAPONS**

**BANK ACCOUNT DETAILS
DOMESTIC TRANSFER
(DUTCH BANK ACCOUNT)**

**Please complete electronically or print in block letters with
black or blue ink.**

ID VENDOR (only for OPCW internal use): _____

Person or Company Name: _____

Address: _____

Postal code: _____ **City:** _____

Country: _____

New bank account details

Change in bank account details

Bank Account Holder *: _____

**(if different from the person/company name)*

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Postal code: _____ **City:** _____

Country: _____

Date and Place: _____ **Name and Signature:** _____