

*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** **INTERNATIONAL TRANSFER**

**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 Name and Address: \_\_\_\_\_

S.W.I.F.T. Code/BIC Code: \_\_\_\_\_

Bank and Branch Number *\*(ABA, Sort Code, BLZ):* \_\_\_\_\_

*\*(If it is necessary related to your bank)*

Bank Account Number: \_\_\_\_\_

*\*Correspondence Bank Details \*(if applicable)*

Bank Name and Address: \_\_\_\_\_

S.W.I.F.T. Code or BIC Code: \_\_\_\_\_

Bank and Branch Number *\*(ABA, Sort Code, BLZ):* \_\_\_\_\_

*\*(If it is necessary related to your bank)*

Bank Account Number: \_\_\_\_\_

Date: \_\_\_\_\_ Name and Signature: \_\_\_\_\_