

BANK INFORMATION FORM



1. Important: Please provide *complete* and *correct* bank details as required below. The beneficiary is responsible for the banking data provided in this form. UNIDO is not responsible for any delay in payments resulting from changes in banking information which have not been promptly communicated to UNIDO, nor will bear any charges resulting from incorrect and incomplete information provided in this form.

2. Any changes to the banking details should be communicated by using a new Bank Information Form, as requests by email will not be accepted.

3. The undersigned authorizes UNIDO to contact the bank for confirmation/verification of information provided, if

Note: Only one bank account in the name of the beneficiary will be accepted. No third-party payee is allowed.

BANK DETAILS	<input type="checkbox"/> New <input type="checkbox"/> Update existing account <input type="checkbox"/> Additional account
NAME AND ADDRESS OF ACCOUNT HOLDER	_____ _____ _____
BANK NAME AND ADDRESS TELEPHONE AND EMAIL	_____ _____ _____
ACCOUNT NUMBER	_____
IBAN <small>(INT'L BANK ACCOUNT NO.)</small>	_____
BIC OR SWIFT CODE	_____
ABA NUMBER <small>9-DIGITS CODE FOR ACH</small>	_____
<small>ACH (AUTOMATED CLEARING HOUSE) AND FED WIRE TRANSFES (ONLY FOR USA)</small>	
BANK ROUTING NO. <small>(SORT CODE, CORRESPONDENT BANK FOR USD)</small>	_____
DATE	SIGNATURE OF AUTHORIZED PERSONNEL
_____	_____
	NAME AND TITLE OF THE SIGNATORY (PRINT)
_____	_____

Note: The below is to be filled out by UNIDO for new/or change of VMD only:	
VERIFIED WITH (FROM VENDOR SIDE: NAME & TITLE)	_____
TELEPHONE NUMBER	_____
VERIFIED BY UNIDO PERSONNEL (NAME)	_____
DATE	_____
SIGNATURE	_____