



Application for payment of pension for **BOSNIA AND HERZEGOVINA**

***New / Amending instruction.** *please delete as appropriate **Reference No:**.....

Part 1 – Personal Details:

| |
|---------------------------|
| Name: |
| Address: |
| Contact Telephone Number: |
| Email Address: |

Part 2- Overseas Bank Details:

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|---|
| Full Name of Bank or Financial Institution: |
| Branch Name / Address of Bank: |
| Full Name of Account holder(s). Max 35 Alphabetic characters including spaces |
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Account Number: Max 34 digits (Can be Alphanumeric) - no hyphens, slash or space allowed

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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International Bank Account Number (IBAN): 20 contiguous alphanumeric characters

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| <input type="text"/> |
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Bank Identification Code (Swift BIC): Full 11 character BIC required – if 8 characters last 3 = XXX

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Part 3 – Please Read and Sign Below:

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|--|--------------------|
| I wish my pension payments to be paid by direct deposit to the account noted above. I accept that charges can be collected from my pension to facilitate this transfer of funds. I understand that any overpayment arising from a change in my pension entitlement must be refunded. | |
| Signed: | Date: |