# FINANCIAL IDENTIFICATION form

**EURC/EURL for:**

**Event:**

**Date(s):** XX/XX/XXXX - XX/XX/XXXX

## Participant

First name:

Last name:

Member state or country:

## Participant or Organisation to be reimbursed

**Account holder:**

Full address (as account holder):

**Bank:**

Branch address

Locality & Post code:

**Country**

**SWIFT/BIC code** (between 8 and 11 digits)

**IBAN**       (Usually 21 digits)

**INTRA-COMMUNITY VAT**      (only for European Union Institutes)

|  |  |
| --- | --- |
| **The participant is to be reimbursed**I certify exact the above information**Date:**      **Signature:** | **The organisation is to be reimbursed**I certify exact the above information**Full Name:**      **Position:**      **Date:**      **Signature:** |

*Payments shall be made to the participant or organisation’s account denominated in euros.*

*Therefore a fulfilled and duly signed copy of this form is to be sent back to ANSES before your arrival. The original will be collected during the registration of the event.*