



FINANCIAL IDENTIFICATION FORM

**EURL for :**

**Event:**

**Date(s):**

PARTICIPANT

**First name:**

**Last name:**

**Member state or country:**

PARTICIPANT OR ORGANISATION TO BE REIMBURSED

**Account holder:**

**Address (street, postal code, City, Country):**

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

**IBAN:** (Usually 21 digits)

TO BE FILLED BY THE ACCOUNT HOLDER

I certify exact the above information

**Full Name:**

**Position:**

**Date:**

**Signature:**

**Stamp (if organisation is to be reimbursed):**

*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.*