

## Provider information sheet

In order to allow the creation of your structure in our providers file, I thank you for completing this form and returning it to us by email. Please, use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form. *All fields are mandatory.*

**NAME or COMPANY NAME :**

**COMPANY TYPE :**

**ADDRESS** Street & Number :

Postal code :  Town/City :

Country :

**INTRA-COMMUNITY VAT NUMBER (if E.U. country) :**

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### CONTACT PERSON

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**CONTACT NAME ACCOUNTING DEP. :**

**CONTACT EMAIL ACCOUNTING DEP. :**

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### BANKING DETAILS<sup>1</sup>

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**BANK NAME :**

**ACCOUNT NAME :**

**IBAN/ACCOUNT NUMBER :**

**BIC/SWIFT CODE :**  **BRANCH CODE<sup>2</sup> :**

**ADDRESS** Street & Number :

Postal code :  Town/City :

Country :

**BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE<sup>3</sup>**

**DATE (Obligatory)**

**SIGNATURE OF ACCOUNT HOLDER (Obligatory)**

**Obligatory :**

- 1 Enter the final bank data and not the data of the intermediary bank
- 2 Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries
- 3 Please attach a copy of **recent** bank statement. Note that the bank statement has to confirm all the information listed above under 'BANK NAME', 'ACCOUNT NAME', and 'IBAN/ACCOUNT NUMBER'. With an attached statement, the stamp of the bank and the signature of bank's representative are not required. The signature of the account-holder and the date are **always** mandatory.