International payment mandate form

Antigua and Barbuda

Country



If you would like your Pension provider to instruct Convera UK Financial Limited (Convera) to pay your pension into your overseas bank account please complete the form below. Please use the amendable fields below or if printed in BLOCK CAPITALS using blank ink.

Beneficiary Details		
Beneficiary name Address		Pension number/ Ref no.
City Post code/ Zip code		Country Email address
Banking Inf	ormation	
Receiving ba	nk name	Beneficiary Bank Swift Code (8 or 11 characters) 11 digit is recommended
Receiving bank address		
City	Country	Post code/Zip code Currency of account
Beneficiary A	account Number	Type of account (cheque, savings etc.)
Account nam	ne (name as quoted on bank account)	Purpose of payment
Declaration		
I hereby confirm that the information provided above is correct to the best of my knowledge, and confirm that I wish for my pension payments to be paid into the account noted above. The information you provide within this form will be used by Convera to process your pension payments. The information you provide may be transferred to Convera's affiliate companies and securely held in a database in the United States.		
Signature		Date
For pension provider use only		
Signature		Date