International payment mandate form



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.

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