



Application for payment of pension in EUR currency by direct deposit to: **Malta**

Forename:	Surname:
Address:	
Contact Telephone Number / Email Address:	

Full Name of Bank or Financial Institution:

Full Address of Bank or Financial Institution:

Full name of the beneficiary account holder (as quoted on the account) - up to 35 alphabetic characters including spaces :

[illegible][illegible]

Signed: _____ **Date:** _____

By signing this Form you consent to the processing of your personal data (i.e. name, address, bank account and payment details) by third party banking agents over which the Equiniti Group and the Payment Agent have no control. In addition you should be aware that data is necessarily transmitted outside the EEA, where Data Protection controls may differ. In certain jurisdictions Equiniti Group and/or the Payment Agent may be required to provide details such as your full name and address, to comply with local anti-money laundering or anti-terrorism requirements.