

Partner/ Payee - Bank Information

Recipient Full Name: _____

Physical Address: _____

City: _____

Country: _____

Email Address: _____

Telephone Number: _____

Note: Payment will be processed by the DRA Organisation. Please ensure that the information on this form accurately matches the records your bank has on file. Complete all fields.

Recipient Banking Information (*this is reflected on your bank statement and should match your bank's records.*)**Is the Bank Account in the name of an Organisation or Individual?** (*Select one option*)☐

Individual

☐

Organisation/ Company

Full Name of Bank	
Physical Address of Bank (including name of country)	
Bank ABA Routing Code (if Bank is in the USA)	
SWIFT Code (If bank is outside the USA)	
Recipient Name (on Bank Account)	
Recipient Bank Account Number (IBAN if bank is in Europe)	
Recipient Address (Physical address, not post office box, of the holder of this bank account)	
City	
Country	
Currency of this Bank Account, and indicate in which currency the payment from DRA should be sent (local currency, EUR or USD or THB or MMK)	

Intermediary or Correspondent Bank Details - this information will be provided by your bank. Please provide full information if payment to your bank account is routed via a 3rd party bank.

Name of Bank	
SWIFT code of Bank	
Provide any special instructions, references, account numbers or notes needed for the routing bank in the space above.	

Name
Signature_____
Date