**Banking Details Form**

*(Kindly complete as a Word Document and submit. Please do not scan)*.

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| **To be completed by the recipient** |
| Names |  |
| Name of account holder |  |
| Professional Affiliation or AIMS Centre |  |  |
| AIMS research program of interest | Choose an item. |
| Account number |  |
| Branch (if applicable) |  |
| Branch code (If applicable) |  |
| Essential for all international transfers | IBAN: | BIC code: | Swift Code: |
| Country hosting this account and address |  |
| Name of the town |  |
| Relationship between you and the account holder (the account must be in your name) |  |

I (Names of recipient) ------------------------------------------------------------------------------- attest that the above banking details are complete and correct and that the funds are for budgeted research activities. AIMS will not be liable for any additional cost incurred if the information which I have provided is incorrect.

Date

|  |
| --- |
| **For Official Purpose**  |
| Academic year ………………………….. Disbursement # (e.g. 1 or 4 etc.) …………………… |
| Amount to be disbursed  | Date of approval  |
| Codes |  |
| Name and signature (Line Manager) |