ANNEX IV - BANK DETAILS

*Please fill in this form by typing – a handwritten form will not be accepted*

|  |  |
| --- | --- |
| *Project:* | Aidsfonds COVID Response Fund |
| *Project name:* |  |

|  |  |
| --- | --- |
| *Name of the bank:* |  |
| *Address of the bank:* |  |
| *Town of the bank:* |  |
| *Country of the bank:* |  |
| *SWIFT-code (8 letters min., 11 digits max)* |  |
|  |  |
| *Account number of the Organisation* ***[[1]](#footnote-1)*** |  |
| *IBAN number (in Europe only):* |  |
| *Account holder:* |  |
| *Address:* |  |
| *Town/Country:* |  |
| Details Corrsponding Bank for EURO transfer |  |
| *Address* |  |
| *SWIFT-Code* |  |
| *Corresponding account International Bank* |  |

**For the Partner to be signed by two legal representatives:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Signature:** |  |

**Name, Last Name: Name, Last Name:**

**Position Held: Position Held:**

**Date: Date:**

1. *In the event of a change in the bank account details* *Aidsfonds should be informed of this by the two legal representatives of the partner in writing. The account has to be in the Partner’s name.* [↑](#footnote-ref-1)