Erasmus+ financial support payment information

Individual Agreement No.

BANK DETAILS:

|  |
| --- |
| Account owner’s name (consistent with the information held by the bank): |
|  |
| Account owner’s address (consistent with the information held by the bank):  |
|  |
| Bank’s name:  |
|  |
| Clearing/BIC/SWIFT number:  |
|  |
| Exact address of the bank branch in which the account was opened: |
|  |
| Account number in the IBAN system: |
|  |
| Currency of the account: |
|  |
| Beneficiary’s signature: |
|  |

**TO BE FILLED IN BY HOST INSTITUTION**

…………………………………………………. ………………………………………………….

Date of receipt Signature of International Officer