

טופס פרטי בנק לספק חו"ל

Dear Supplier

To enable us to set up your bank details on our ERP system (For EDI purposes) we must have your bank details presented on letter headed paper, signed by relevant member of staff at your organization. Pls. fill the following form and ensure this form is signed and stamped before returning it to us.

BANK DETAILS FORM

			1															
Supplier	Trading	Name																
VAT/ ID																		
Benefic	ciary Add	ress: (For I	Individ	uals –	Resident	ial or	Work	olace	addre	ess)		•						
Street 8	k no.																	
Zip cod	e/postal co	ode, place	Э															
Country	/																	
E-mail /	Address																	
Beneficiary Name On the Account Note: If the Beneficiary company name is not same as your Trading name then please provide official confirmation letter that payment will be made to third party																		
Account Number											Cur	renc	y					
											•				•			
Bank De		T																
Bank Na	ame																	
Branch I	Name																	
	Address:																	
Street &	no.																	
Post cod	de/zip code	/ location																
								1		1	1	1	1	1	1	1	1	
Swift / B	ic Code																	

IBAN Code														
(Required field for European accounts)														
(Negation lield for European accounts)														
(Required field only In case there's no SWIFT CODE)														
Aba / Routing No.														
Bsb No.														
(Required for Australia Only)														
Transit No.														
(Required for Canada only)														
Institution No.														
(Required for Canada only)														
Authorized details :														
Name					Position									
Signature				Company										
Date			E	E-mail:										

* הערה: יש להגיש את הטופס בכתב מודפס, ולא בכתב יד.

^{*} Note: The form must be submitted in printed, not handwritten.