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Bank detail form for Alumni Networks

This form is to be filled out by the person responsible for all economical transactions/grants within your alumni network. Please fill in the form digitally and send it back to us as a word file to [alumni@si.se](mailto:alumni@si.se)

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| --- | --- |
| Name of network: |  |
| Name and last name: |  |
| Country: |  |
| Email address: |  |
| Phone number: |  |
| Personal postal address: |  |
| Account number: |  |
| Name of Bank: |  |
| Address of Bank: |  |
|  |  |
| Country of Bank: |  |
| IBAN (only SEK and EUR): |  |
| **Swift Code:/BIC:** |  |
| Additional information: (if any) |  |