**NHS Pensions – Overseas mandate form**

Application for payment of pension in XCD currency by direct deposit to: **Antigua and Barbuda**

**Part 1 - Personal details – please complete in full**

|  |  |
| --- | --- |
| Forename: | Family name: |
| Membership number: SD | |
| Address: | |
| Contact Telephone Number: | |

#### Part 2 – Overseas bank details – please complete in full

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| --- |
| Full name of bank or financial institution: |
| Full address of bank or financial institution: |
| Full name of account holder (as quoted on the bank account) - up to 18 characters including spaces: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Identification Code (Swift BIC) (full 11 character BIC required - if 8 characters last 3 = XXX )   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | |  |  |
| Account type (0 = cheque account, 1 = savings account)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |  |  |

Account number - (13 numeric digits, no hyphens, slashes or spaces – zeros to be added to the prefix if the account number is less than 13 digits)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Part 3 – Please sign below:**

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| Signed: Date: |

**How we use your information**

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law.