

Beneficiary details

Beneficiary account name *:

Beneficiary account number *:

Account currency *:

IBAN *:

Beneficiary bank name *:

Beneficiary bank branch name *:

Beneficiary bank Swift BIC *:

Beneficiary bank address*:

Beneficiary bank country *:

Beneficiary name *:

Beneficiary address :

Beneficiary country::

Stamped & signed by authorized signatory

Date

** Indicates mandatory fields*

HAYAH Insurance Company P.J.S.C. accepts no responsibility for the information provided herein and is entitled to assume all information provided by you in the attached form is complete and accurate in all respects. HAYAH Insurance Company P.J.S.C. excludes all liability that may arise as a result of any incorrect or incomplete information provided by you in the attached form. Any payments made to you by HAYAH Insurance Company P.J.S.C. shall be transferred on the basis of the information you have provided herein and HAYAH Insurance Company P.J.S.C. accepts no further claims in respect of such payment.