



TO BE FILLED IN BY CNRS

Demandeur :
Laboratoire :
Code labintel :
Carte achat : oui non

BENEFICIARY INFORMATION FORM

1 - Identification :

University / Research Institution Name :

Street – N° :

PO Box :

Zip Code :

City, State Code (US - CANADA) :

Country :

N° DUNS :

Contacts : Accountant

E-mail :

Commercial E-mail :

Phone :

Fax :

Phone :

Fax :

2 - Tax information (European Union only) :

VAT number :

3 - Banking information :

Piece must be attached (original) ➡ **IBAN Bank** (only countries zone SEPA)

Account holder :

Name of the bank :

Address of the bank :

Country of the bank :

(IBAN) only countries zone SEPA) :

Routing number/Bank code + Branch code :

Account number :

SWIFT address :

Intermediaire bank :

Name of the bank :

Address of the bank :

Country of the bank :

IBAN (only countries zone SEPA) :

Routing number/Bank code + Branch code :

Account number :

BIC Code (Swift address) :

Date :

Signature :

University / Research Institution stamp :