ACCOUNTANT GENERAL OF THE REPUBLIC OF CYPRUS

1441 - NICOSIA

AUTHORISATION FOR PAYMENTS BY FIMAS

I / We hereby authorize you to pay by bank transfer to the account shown below, any amount payable to me / us, by any Government Office, through the **Integrated Financial Management System (FIMAS)** of the Treasury of the Republic.

For this purpose I / we present below the minimum information needed of this bank account held in EURO. In addition, I / we attach a copy of the statement/certificate from the bank, (which does not include any transactions) showing the name of the Bank, the owner / beneficiary of the account and the name of the branch (where applicable), as well as the **International Bank Account Number (IBAN).**

This authorisation will remain in force unless a written notice is given from me / us.

NAME/ORGANISATION NAME									
PHONE NUMBER									
DENTIFICATION NUMBER (for Individuals)									
REGISTRATION NUMBER (for Organisation)									
ADDRESS (Street Address & Number or P.O. Box)									
POSTAL CODE									
CITY/TOWN									
BANK/CO-OP NAME									
BRANCH NAME & CODE									
BRANCH ADDRESS									
INTERNATIONAL BANK ACCOUNT NUMBE	iR								
CY									
 Signature of Authorising Person	Name of	Authoris	ing Pe	rson					_
Date://20			-						
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(If the case of legal persons, this authorisation must be stamped next to the name of the authorising person with the legal person's seal)