**PRIVATE AND CONFIDENTIAL**

**BANK DETAILS FORM**

|  |  |
| --- | --- |
| **Title** |  |
| **First Name(s)** |  |
| **Surname** |  |
| **Contact Number** |  |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Account Name** |  |
| **Bank Sort Code** |  |  |  |  |  |  |
| **Account No.** |  |  |  |  |  |  |  |  |

 **DISCLAIMER**

The individual to who this application relates to is the owner of this information and by supplying this to us you consent for the processing of your data.

We will not share or disclose your information unless you have given us your consent or we are required to by law.

I confirm that the information given in this form is true, complete and accurate. Education for Health assumes no responsibility or liability for errors or incorrect information supplied in this form.

|  |  |
| --- | --- |
| **Signature\*** |  |
| **Date** |  |

 *\*Please note this must be an electronic image or penned signature to avoid delayed payments.*

TO AMEND YOUR BANK DETAILS AT ANY TIME PLEASE RESUBMIT THE FORM WITH THE NEW INFORMATION TO finance@educationforhealth.org