## 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										
IDENTIFICATION 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	:R									
CY										
		-								
Signature of Authorising Person	Name	of Autl	norising	y Pei	rson					_
Date:/20										

(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)