|  |  |
| --- | --- |
| **Applicant** |  |
| **Mission** |  |
| **Sub-Grant**  |  |



**Annex 7**

**Request for payment**

September/2019

# REQUEST FOR PAYMENT & BANK ACCOUNT INFORMATION

In accordance with the **GRANT AGREEMENT No 824509** and the **Block.IS Sub-Grant Travel Agreement No \_\_\_\_\_**, we hereby request the payment of the funding for accepted beneficiary (**SME/Cluster name and address, country, VAT number**) in the **total gross amount** of\_\_\_\_\_\_\_\_ EUR

|  |  |
| --- | --- |
| Account Name HolderThe name or title under which the account has been opened and NOT the name of the authorized agent |  |
| Holder’s Address |  |
| Postcode |  |
| Town/City |  |
| Country |  |
|  |
| Contact PersonIt does not need to be an authorized agent. |  |
| Telephone |  |
| Phone |  |

**BANK ACCOUNT INFORMATION**

|  |  |
| --- | --- |
| Bank Name |  |
| Branch Address |  |
| Postcode |  |
| Town/City |  |
| Country |  |
| IBAN number / Account numberFormat example: ES76 2077 0024 0031 0257 5766 |  |
| SWIFT code8 to 11 characters |  |
| DATE + SIGNATURE OF ACCOUNT HOLDER (**OBLIGATORY**)*For SME / Cluster* *Date, signature, stamp if applicable* |