**Annex 8 – Banking Details**

Please include relevant details for all bank accounts intended for use if awarded Medical Teams tender: FY20–ITT 001–GLOBAL LAPTOP TENDER. Supporting attachments may also be included and listed below. Medical Teams agrees to keep all information confidential.

1. **COMPANY DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name (*include legal name and other names*): | | | | | | | |
|  | | | | | | | |
| Street Address | | | | PO Box or Mailing Address (optional) | | | |
|  | | | |  | | | |
| Postal Code |  | City |  | Postal Code |  | City |  |
| Country |  | | | Country |  | | |
| Telephone |  | | | Fax |  | | |
| Email |  | | | Website |  | | |

1. **BANKING DETAILS**

|  |  |
| --- | --- |
| Bank and Branch Name(s) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Branch Address | | | | | | Telephone Number(s) | | | | | |
|  | | | | | |  | | | | | |
| Postal Code |  | | City |  | | Swift/Bank Identifier Code (BIC): | | |  | | |
| Country |  | | | | |
| Routing Number | |  | | | | IBAN Number(s) | |  | | | |
| Account Number 1 | |  | | | Account Name | |  | | | Currency |  |
| Account Number 2 | |  | | | Account Name | |  | | | Currency |  |
| Other Comments | |  | | | | | | | | | |