

transaction details.

PART A



## CERTIFICATION FOR PENSIONERS WHO RESIDE ABROAD

This document contains information which is recommended to be handled in accordance with the «Need to Know» principle

The <u>original</u> form must be completed and mailed to the Pension Department - Treasury of the Republic of Cyprus. Please note that faxes are not acceptable. Phone number. +357 22602310

PENSIONER'S FIRST & LAST NAME: I.D. No
Postal Code:
Pensioner's or representative phone. number
Pensioner's Signature : Date:
With this certificate I confirm that today, the above mentioned pensioner, has duly signed at my presence, the above
declaration.
This certificate may be signed:  (a) by a member of Cyprus' Diplomatic Mission (Consul or Consular Officer) or Honorary Consul of the Republic of Cyprus  (b) In all countries by:  an Officer of a bank, being an officer authorized by the bank to sign documents on its behalf or  a Medical Practitioner registered as such under the law of the country where the declaration is issued or  a Notary Public of the person competent by the law of the country where the declaration is issued to administer oaths
First & Last Name: Signature:
Title / Profession: Official Stamp:
Phone Number:
PART B
$Part\ B\ must\ be\ completed\ by\ pensioners\ \underline{non\text{-}residents}}\ of\ Cyprus\ who\ declare\ their\ bank\ account\ details\ for\ the\ first\ time,\ for\ pensioners\ bank\ account\ details\ for\ the\ first\ time,\ for\ pensioners\ bank\ account\ details\ for\ the\ first\ time,\ for\ pensioners\ bank\ account\ details\ for\ the\ first\ time,\ for\ pensioners\ bank\ account\ details\ for\ the\ pensioners\ bank\ account\ details\ pensioners\ pensi$
monthly pension transfer purposes, or who wish to change either their bank account number within the same banking
institution or the banking institution to which the transfer is made.
I, the pensioner, ID. No.:
by means of this declaration, request that the Treasury of the Republic of Cyprus deposit all pension monies payable to me to
the following bank account:
<u>Bank:</u>
International Bank Account Number (IBAN):
CY
Bank Identifier Code (BIC):

- THE ABOVE CERTIFICATE IS VALID ONLY FOR 6 MONTHS FROM THE DATE OF ISSUE.
- UPON EXPIRATION OF THE ABOVE CERTIFICATE THE PENSION WILL BE SUSPENDED UNTIL THE SUBMISSION OF A <u>NEW</u> CERTIFICATE.
   ( Γ.Λ. 68 )