SYNERGY

SYNERGY FINANCE SERVICES UK

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BENEFICIARY FORM

FIRST NAME .....
MIDDLE NAME.....
LAST NAME.....
OCCUPATION.....
DATE OF BIRTH.....
CITIZENSHIP.....
TELEPHONE.....
TOTAL SUM.....
RESIDENTIAL ADDRESS (NOT P.O.BOX).....
BANK NAME.....
ACCOUNT NAME.....
ACCOUNT NUMBER.....
BANK SWIFT CODE.....
BANK TELEHONE.....
BANK FAX NUMBER.....
BANK ADDRESS.....
ROUTING NUMBER.....

OPTIONAL

NEXT OF KIN
NAME.....
LAST NAME.....
OCCUPATION.....
TELEPHONE NUMBER.....

(RETURN THIS FORM WITH A COPY PROOF OF YOUR IDENTIFICATION)