## ACCONTANTT GENERAL OF THE REPUBLIC OF CYPRUS

## 1441-NICOSIA

## **AUTORISATION 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 non 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 authorization 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)	
VAT NUMBER	
EMAIL ADDRESS (email address) (for sending payment details)	
POSTAL ADDRESS (Street and number or PO Box)	
POSTAL CODE	
CITY / TOWN	
BRANCH NAME & CODE	
INTERNATIONAL BANK ACCOUNT NUMBER	
CIYIIIIIIII	
Signature of Authorising Person Name of Authorising Person	horising Person
Date://20	

(If the case of legal persons, this authorization must be stamped next to the name of the authorizing person with the legal person's seal)