PAYMENT PARTICULARS

Have you filled in a form like this before? NO ☐ YES ☐
Do you represent a government department or body?
(If no answer is given it will be assumed that you do.) NO ☐ YES ☐

CODE NUMBER OF MEETING: WAC2004 DATE OF MEETING: 18-19/10/4

1. EXPERT

SURNAME
FIRST NAME
ADDRESS (street and No.)
TOWN POSTAL CODE
COUNTRY TELEPHONE

2. ACCOUNT HOLDER
(if account is not in the expert's name)

SURNAME
FIRST NAME
ADDRESS (street and No.)
TOWN
POST CODE COUNTRY
TELEPHONE FAX

3. BANK DETAILS

BANK NAME

BRANCH ADDRESS
(street and No.)
TOWN
POST CODE COUNTRY
ACCOUNT NUMBER
BANK SORT CODE

4. ORGANISATION FOR WHICH YOU WORK

NAME
ADDRESS (street and No.)
TOWN POST CODE
COUNTRY

.... / .... / .....
DATE

.....
EXPERT'S SIGNATURE