Bank Details Form

Of Project Account at PI’s Institution

Please note: All fields below MUST be filled in.

GIF Grant Agreement No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigator (PI) Name:**

**Institution:**

1. Bank Details:

1.Name of Bank:

2. City:

3. IBAN Number:

4. BIC Code:

5. C/O (Care Of) / Reference Number:

II. Administrative Details of Person in Charge at the Administration of PI’s Institution:

1. Name &Title:

2. Address:

3. Direct Telephone:

4. E-Mail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp and Signature of Administration**