**BANK ACCOUNT DETAILS FORM**

**for all Grantees**

**Personal and Scholarship Details of the Grantee**

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| --- |
| **Last Name:** |
| **First Name:** |
| Date of Birth: |
| Email address: |
| Grantee’s Residence Address in the Host Country: |

**The awarded grant shall be transferred monthly to the following bank account:**

|  |
| --- |
| **Name and Address of the Bank:** |
| **Name of the Account Holder:** |
| IBAN:  SWIFT: |

**The form should be filled out electronically and submitted latest 7 days after the arrival to the Local HUMERIA Coordinator at Host University.**