



**BANKING INFORMATION**

Beneficiaries are advised that UN payments are normally effected by direct bank transfer to a valid bank account in the beneficiary's name. You are therefore requested to provide banking information as requested below. If you do not have a bank account, we would request that one be opened. The completed form must be signed and returned in the sealed envelope addressed to :

STAFF MUTUAL INSURANCE SOCIETY ROOM 26-1 UNITED NATIONS OFFICE  
 PALAIS DES NATIONS CH-1211 GENEVA 10

<b>Last name:</b> (name and bank account name must be identical) SYLLA		<b>First name:</b> Papa Kysma	
<b>Organization/Office:</b> Office of the United Nations High Commissioner for Refugees.	<b>Duty station</b> (city, country): Iriba, Chad	<b>Phone number</b> (during business hours): 235 6390 09 85	<b>Index number:</b> 449632
		<b>Insurance number:</b> 610542 0000 1206200 11	
<b>E-mail address:</b> syllap@unhcr.org			

I hereby request my payment(s) be made into my bank account as follows :

<b>Name of bank :</b> United Nations Federal Credit Union	
<b>Address of bank :</b> Court Square Place, 24-01 44th Road, Long Island City, NY 11101-4605, USA	
<b>Bank ID number :</b> UNFCU routing number 2260 78 609	<b>Bank SWIFT code :</b> None
<b>Account number :</b> 1014089100002 Checking account	<b>Currency of bank account :</b> US\$
<b>International bank account number (IBAN) :</b> N/A	

In order to facilitate verification of the above information, please attach the upper section of your monthly bank statement or credit advice. If you do not have either of the above, please contact your bank to obtain your correct bank account number, IBAN and bank ID number and information about correspondent banks for salary transfer purposes.

<b>Signature (staff member):</b> 	<b>Date:</b> (21/06/2010)
<b>Name and Signature (Executive Secretary):</b>	<b>Date:</b> (dd/mm/yyyy)