## ACCOUNTANT GENERAL OF THE REPUBLIC OF CYPRUS

**1441 - NICOSIA** 

## **AUTHORISATION 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 not 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 authorisation 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)	
ADDRESS (Street Address & Number or P.O. Box)	
POSTAL CODE	
CITY/TOWN	
BANK/CO-OP NAME	
BRANCH NAME & CODE	
BRANCH ADDRESS	
INTERNATIONAL BANK ACCOUNT NUMBE	ER
CY	
Signature of Authorising Person	Name of Authorising Person
Date://20	
(If the case of legal persons, this authori	risation must be stamped next to the name of the authorising

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