

EXCHEQUER COURT  
 33 ST.MARY AXE  
 LONDON EC3A 8BY  
 TEL: +442079294422

## CLIENT PENSION REGISTRATION FORM

**PLEASE COMPLETE ALL FIELDS AND WRITE IN CAPITAL BLOCK LETTERS**

|   |                            |                   |             |
|---|----------------------------|-------------------|-------------|
| FULL NAME AND ADDRESS (WITH POST CODE)        |                            |                   |             |
| PHONE NUMBER                                  | MOBILE NUMBER              | EMAIL             |             |
|   | DATE OF BIRTH (MM/DD/YYYY) | PLACE OF BIRTH    |             |
| NATIONALITY                                   | PASSPORT / LICENCE         | DATE ISSUED       | EXPIRY DATE |
| NATIONAL INSURANCE NO.                        | PENSION PROVIDER'S NAME    | PENSION REFERENCE |             |
| PENSION PROVIDER'S ADDRESS                    |                            |                   |             |
| FREQUENCY IE. WEEKLY/MONTHLY/QUARTERLY/YEARLY | PENSION SALARY             |                   |             |

### BENEFICIARY

|               |                |             |                    |
|---------------|----------------|-------------|--------------------|
| FIRST NAME    | MIDDLE NAME    | LAST NAME   | RELATION TO SENDER |
| ADDRESS       |                |             | TELEPHONE #        |
| BANK          | BRANCH         |             | ACCOUNT NUMBER     |
| DATE OF BIRTH | PLACE OF BIRTH | NATIONALITY |                    |

**I declare that all the information in this application form has been completed to best of my knowledge and belief and I will notify Bangkok Bank London Branch promptly of any changes.**

\_\_\_\_\_  
 Client's Signature