

Paul Scherrer Institut, Villigen
PRC – Member’s account details request form

Please send the completed form to: syn.bl.admin@psi.ch

Personal Details (as requested by the financial institution):

Title: _____
Surname: _____ Name: _____
Private address: _____
Town: _____ Postal Code: _____
Country: _____

Financial institution:

Name: _____
Address: _____
Town: _____ Postal Code: _____
Country: _____

Account Details:

Account No.: _____
IBAN: _____
ABA/Routing No.: _____
Swift/BIC Code: _____
Clearing No.: _____