

Date	
Customer Name	
Project Name	

I (We) hereby request FIMBank p.l.c to effect the following payment in accordance with the facility letter. Supporting documents are attached.

Supplier / Service Provider / Contractor	Company Registration No. / ID Card No.				
VAT Registration No.	Invoice Reference	Invoice Amount			
SWIFT Payment Transfer Details					
Beneficiary Name					
Bank Name	BIC/SWIFT C	ODE:			
Account/ IBAN					
Value date Next Working Day (Default) Same Day (At an additional cost as per tariff of charges)					
Details of Payment					

Customer Signature:		Customer Signature:				
Company Authorised Signatory		Company Authorised Signatory				
INTERNAL USE:						
			DSR No: D D	M M Y Y N N N N	N N N N	
Debit Account Nr.		Operational	Call Back			
Loan Disbursment Amount:	€		Payment Amount:	€		
REF Nº:						
Signature:	Technical Office	Signature:	Real Estate	Signature:	Operations	
FIMBank p.l.c. reports the above details to the VAT department in line with VAT Act XXIII of 1998 Chapter 406 article 77p.						

