ANNEX F. FINANCIAL IDENTIFICATION FORM

LOGO OF THE ORGANIZATION WHICH IS IMPLEMENTING THE PROJECT

**BANK ACCOUNT OWNER:**

NAME (of organization):

ADDRESS:

COUNTRY/CITY:

CONTACT PERSON:

TELEPHONE:

E-MAIL:

**BANK**

NAME OF THE BANK **WHERE THE ACCOUNT IS LOCATED**

BANK ADDRESS:

COUNTRY/CITY.

ACCOUNT NUMBER\_\_/\_20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name and surname of the authorized representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature and stamp)