



## FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

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By submitting this form, you acknowledge that you have been informed about the processing of your personal data by the European Commission for accounting and contractual purposes.

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### BANKING DETAILS ①


ACCOUNT NAME ②	Karolinska Institutet		
IBAN/ACCOUNT NUMBER ③	SE93 1200 0000 0128 1011 8116		
CURRENCY	SEK		
BIC/SWIFT CODE	DABASESX	BRANCH CODE ④	
BANK NAME	Danske Bank		
<b>ADDRESS OF BANK BRANCH</b>			
STREET & NUMBER	Norrmalmstorg 1		
TOWN/CITY	Stockholm	POSTCODE	SE-103 92
COUNTRY	Sweden		

### ACCOUNT HOLDER'S DATA

AS DECLARED TO THE BANK

ACCOUNT HOLDER	Karolinska Institutet, Eva Tegelberg		
STREET & NUMBER	Nobels väg 5		
TOWN/CITY	Stockholm	POSTCODE	SE-171 77
COUNTRY	Sweden		

REMARK	
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BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE ⑤ 	DATE (Obligatory)
	SIGNATURE OF ACCOUNT HOLDER (Obligatory)

- ① Enter the final bank data and not the data of the intermediary bank.
- ② This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.
- ③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established
- ④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.
- ⑤ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are ALWAYS mandatory.

# Signature page

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