



HealthChain Call for SMEs
Annex 4: Bank account information



General details

GA number	GA 101094676
Project Acronym	HealthChain http://healthchain-i3.eu/
Project Title	Boosting value chains in Health at regional and EU level
Project Coordinator	Myriam Martín TICBIOMED (TBM) myriam.martin@ticbiomed.net Elena López TICBIOMED (TBM) elena.lopez@ticbiomed.net
Project Duration	January 2023. – December 2025. (36 months)

Disclaimer

HealthChain project is funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Innovation Council and SMEs Executive Agency (EISMEA). Neither the European Union nor the granting authority can be held responsible for them.



Bank account information

Your organisation information

Organisation legal name	
Street and Number	
Town, City, State	
Post/ZIP Code	
Country	
Invoicing/Billing Contact Name and Email Address:	
Organisation Registration Number	
Tax Registration Number (VAT, EIN, TIN, etc.)	

Your bank information

This is the bank you will use to receive payments from Ticbiomed.

Bank Name	
Bank Address	
Town, City, State	
Post/ZIP Code	
Country	
Business Name on Account	



Business Address on Account	
Bank Account Number (IBAN, etc)	
Sort Code	
SWIFT/BIC, etc	
Routing Number	

Your Beneficial Owners

List all natural persons who hold or control at least 25% in the capital or at least 25% of the voting rights in the company. If no such shareholder(s) is (are) present, the ultimate beneficial owners are the natural persons who exercise the actual control or make executive decisions (chief executive officer, chief financial officer, other).

	Name/Surname	Residential Address (Street, Town, Country, Post Code)	Position in the company	% shares	Date of Birth
1					
2					
3					
4					
5					
6					
7					
8					

Please send the information for any additional Beneficial Owners by email to myriam.martin@ticbiomed.net



Is your company listed on a stock exchange (ex. public company) or a is a legal person governed by public law (ex. government ministry or department), please complete the table below.

Ultimate Beneficial Owner	Registered office address of Ultimate Beneficial Owner	Stock market (if public company)	Government Entity (if ministry or department)	% shares

The signer with Name below from Company Name undertake(s) to immediately **notify the Mirror Region**, in writing, of **any change to the list of ultimate beneficial owners** (both shareholders and decision makers). Furthermore, the signer with Name I certify that the information provided above is correct.

Signature:
Name:
Date:
Company Legal Name: