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# **Mirror Regions Call for SMEs**

## **Annex 4: Bank account information**





### **General details**

| GA number           | GA 101094676   |
|---------------------|--|
| Project Acronym     | HealthChain<br><u>http://healthchain-i3.eu/</u>                        |
| Project Title       | Boosting value chains in Health at regional and EU level               |
| Project Coordinator | Myriam Martín<br>TICBIOMED (TBM)<br><u>myriam.martin@ticbiomed.net</u> |
|                     | Elena López<br>TICBIOMED (TBM)<br><u>elena.lopez@ticbiomed.net</u>     |
| 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<br>Name and Email Address: |  |
| Organisation Registration<br>Number                  |  |
| Tax Registration Number<br>(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<br>Account |  |





| Business Address on<br>Account     |  |
|------------------------------------|--|
| Bank Account Number<br>(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<br>(Street, Town, Country,<br>Post Code) | Position in the company | % shares | Date of<br>Birth |
|---|--------------|--|-------------------------|----------|------------------|
| 1 |              |  |                         |          |                  |
| 2 |              |  |                         |          |                  |
| 3 |              |  |                         |          |                  |
| 4 |              |  |                         |          |                  |
| 5 |              |  |                         |          |                  |
| 6 |              |  |                         |          |                  |
| 7 |              |  |                         |          |                  |
| 8 |              |  |                         |          |                  |

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



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

The signer with Name below from Company Name undertake(s) to immediately **notify the Mirror Region** 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: |  |