



ΔΙΑΣΥΝΔΕΔΕΜΕΝΟ ΣΥΣΤΗΜΑ ΔΙΑΧΕΙΡΙΣΗΣ

Τίτλος	AUTHORIZATION FOR PAYMENT			
Είδος Εγγράφου	Κωδικός	Έκδοση	Ημερομηνία	Σελίδα
Εντυπο	Ε-ΟΛ-049-A	3.0	25/5/2018	1 από 2

Manager Finance
 Corporate Finance Unit
 Electricity Authority of Cyprus
 Head Office
 P O Box 24506
 1399 Nicosia

VENDOR A/C NUMBER:
(to be added by Electricity Authority of Cyprus)

AUTHORIZATION FOR PAYMENT

I/We, the undersigned below, hereby authorise you, as from the date of signature of this authorization, to settle any amounts due to myself/us from the Electricity Authority of Cyprus (EAC) by electronic transfer to my/our bank account pursuant to Contract /purchase order

For this purpose I/we set out below the relevant details of my/our company's bank account to which any payment shall, from now on, be effected. Furthermore for verification of the information submitted below, **we enclose an IBAN Certificate from my/our bank**, indicating only the name of the bank, the beneficiary owner of the bank account and the IBAN (International Bank Account Number).

This authorization remains valid until further written notice.

COMPANY / BENEFICIARY NAME:
POSTAL ADDRESS:
NAME OF PERSON RESPONSIBLE FOR THE CONTRACT:
E-MAIL OF PERSON RESPONSIBLE FOR THE CONTRACT:
TELEPHONE OF PERSON RESPONSIBLE FOR THE CONTRACT:
NAME OF PERSON RESPONSIBLE FOR DEALING WITH THE PAYMENTS OF THE CONTRACT:
E-MAIL OF PERSON RESPONSIBLE FOR DEALING WITH THE PAYMENTS OF THE CONTRACT:
TELEPHONE OF PERSON RESPONSIBLE FOR DEALING WITH THE PAYMENTS OF THE CONTRACT:
NAME OF BENEFICIARY'S BANK:

INITIAL:.....

Είδος Εγγράφου	Κωδικός	Έκδοση	Ημερομηνία	Σελίδα
Έντυπο	Ε-ΟΛ-049-A	3.0	25/5/2018	2 από 2

ADDRESS OF BENEFICIARY'S BANK:																														
BENEFICIARY BANK ACCOUNT NUMBER:																														
BENEFICIARY INTERNATIONAL BANK ACCOUNT NUMBER (IBAN):																														
BENEFICIARY BANK ACCOUNT - BIC/SWIFT NUMBER:																														

IBAN CERTIFICATE FROM BANK ATTACHED	YES/NO
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****This authorization must be stamped with the Seal of the Company next to the Name of Signatory.**

In the case of Tenders / Contracts the signatory should be the person authorized by the Power of Attorney (if required) to sign the relevant contract / purchase order / order letter.

I hereby declare that I have received and signed the General Consent Form with which EAC informs me of my rights under the provisions of the General Data Protection Regulation 2016/679 (EU) and the relevant national legislation, as amended or replaced from time to time.

.....
SIGNATURE	NAME OF SIGNATORY IN FULL**
DATE	TITLE
	COMPANY STAMP / SEAL:

WITNESS

Name :

Signature :

Date :