# Exchange Program Information Form Personal Information

Surname: 

Forename:

Birth date:

Nationality:

Female or Male:

Home Institute/Laboratory/Company:

Home Institute/Laboratory/Company short name:

Professional address:

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| --- |
|  |

Function/Position (Professor, researcher, post doctorate, graduate student, etc.

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| --- |
|  |

e-mail:

## Mission Information

Host Institute/Laboratory/Company:   
  
In case your home Institute is an EPN2020 participant ([see list of participants](http://www.europlanet-2020-ri.eu/europlanet-consortium/europlanet-mou-signatories)).

Host Institute/Laboratory/Company short name:

City:

Country:

Departure date:

Return date:

## Banking Information

NECESSARY TO CARRY OUT INTERNATIONAL TRANSFERS  
  
To obtain fast and secure payment, please indicate: References to identify the payment: FMI - EPN2020 - NX - CALL X

Name and address of the holder of account to be credited:

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Name and address of the bank holding this account:

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IBAN (International Bank Account Number):

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SWIFT or BIC (Bank Identifier Code):

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|  |

For the countries without IBAN, to replace IBAN by complete banking account number:  
  
Bank Code:

Agency Code:

Account number:

Key of validation: