# Exchange Program Information FormPersonal Information

Surname:

Forename:

Birth date:

Nationality:

Female or Male:

Home Institute/Laboratory/Company:

Home Institute/Laboratory/Company short name:

Professional address:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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:

|  |
| --- |
|  |

Name and address of the bank holding this account:

|  |
| --- |
|  |

IBAN (International Bank Account Number):

|  |
| --- |
|  |

SWIFT or BIC (Bank Identifier Code):

|  |
| --- |
|  |

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

Bank Code:

Agency Code:

Account number:

Key of validation: