

Liberty Health Cover Provider Bank Details Request Form



LIFE INVESTMENTS INSURANCE **HEALTH** PROPERTIES ADVICE

Important: please read the following before completing this application form

- Please write clearly using capital and block letters.

Bank name	
Branch name	
Branch code	
Account type	
Name of account	
Account number	
IBAN number	
Swift code	
Telephone number of branch where account is held (please include country and area code)	+
Contact person	

Please provide a cancelled cheque or a letter from your bank as proof of the account.