Change of bank details for pension payments

Sächsische Ärzteversorgung
Einrichtung der Sächsischen Landesärztekammer
Körperschaft des öffentlichen Rechts

Sächsische Ärzteversorgung Institution of the Sächsische Landesärztekammer Dr.-Külz-Ring 10 01067 Dresden	Membership number

Change of bank details

1. Personal details

Surname	First name (given name)
Title	Date of birth
Street, House number	
Postcode	Place of residence

2. New bank details for the transfer of your pension

IBAN		
BIC* (*to be provided for international transfers)		
Account number * (*for bank transfers outside the EU)		
Bank		
Account holder	Surename	First name (given name)

3. Statement by the applicant

I confirm that all the information provided is true and complete.

I shall notify the Sächsischen Ärzteversorgung immediately of any changes to the above details in accordance with Section 14 of its Articles of Association.

The mandatory information provided in the form is necessary and required solely for the fulfilment of the Sächsische Ärzteversorgung mandate to provide pension services. It is collected on the basis of statutory authorisations..

Please also refer to the privacy policy published on our website www.saev.de.

Place, Date	**The account holder's** or authorised representative's handwritten signature (with supporting documentation)