**British Society for Neuroendocrinology Claim Form**

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| --- | --- |
| **Claimant name** |  |
| **Institution name** |  |
| **Full address**  (Please use the address that the bank holds for the account i.e. the statement address) |  |
| **Claimant email address** |  |

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| --- | --- |
| **Grant Awarded** |  |
| **Total amount awarded (£)** |  |

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| **UK Bank Account** | | | |
| **Name of bank** |  | **Sort Code** |  |
| **Claimant / Institution Account Name** |  | **Account Number** |  |

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| **Non-UK Bank Accounts** | |
| **Claimant Bank Account Name** |  |
| **Account Number** |  |
| **IBAN Code** |  |
| **SWIFT / BIC Code** |  |

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| **Additional details for payment as required** |  |
| **Email address for remittances (if applicable)** |  |
| **Claimant Signature** |  |
| **Claim date** |  |

Please return this form by email along with your application to [theteam@neuroendo.org.uk](mailto:theteam@neuroendo.org.uk)

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| **OFFICE USE ONLY** | |
| **Name of authorising BSN member** |  |
| **Date of RSB Authorisation** |  |
| **Nominal** |  |
| **Department** |  |
| **Transaction No.** |  |