**NOHA Scholarship in memory of Zaida Catalán**

PAYMENT INFORMATION

In order to successfully discharge the scholarship funds, please provide us with the following bank information:

|  |  |
| --- | --- |
| **Account holder** |  |
| **IBAN** |  |
| **SWIFT/BIC** |  |

DISCLAIMER

By submitting this document as part of the application for the *NOHA Scholarship in memory of Zaida Catalán*, I acknowledge that:

1. The scholarship funds will be most likely distributed in May-June and I will have access to the account provided above at the time.
2. Once the transfer is made, NOHA aisbl will claim no responsibility if the information provided above is incorrect.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |

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