

Financial and membership information (required of the coordinating school)

IASSW will reimburse your project through electronic bank transfers (known as ‘wire transfers’ or ‘international money transfers’). As a part of your application the following information is required, and no applications will be considered unless all the following information is complete. Complete information will ensure that your institution is paid without complications or delays.

Membership

IASSW member number: _____

Tick one box:

- I/We have been IASSW members for at least two years prior to this application.
- I/We are new IASSW members, and we request that the Committee waive the two-year rule.

Contact

Name of institutional contact person for financial matters related to this project (this should be a person in your business office): _____

Email address of business contact: _____

Name and full physical address of institution (not PO Box, private bags, etc.):

Telephone number of business contact: + _____
(include country code)

Bank account

Name on bank account: _____

Bank name: _____

SWIFT Code: _____ Routing code:

Account number: _____

Bank address:

Membership information (required of all partners)

As a part of your application the following information is required, and no applications will be considered unless all the following information is complete. Complete information will ensure that the decisions can be made without complications or delays.

Membership

IASSW member number: _____

Tick one box:

- I/We have been IASSW members for at least two years prior to this application.
- I/We are new IASSW members, and we request that the Committee waive the two-year rule.

Contact

Name of institutional contact person for financial matters related to this project (this should be a person in your business office): _____

Email address of business contact: _____

Name and full physical address of institution (not PO Box, private bags, etc.):
