

INTERNATIONAL SUBSCRIBERS AGENCY
AVENIDA ANDALUZ, 25
C/P 28042, MADRID SPAIN
TEL: +34 605 568 534 & FAX: +34 917 693 086
Email: Mapfrespain@mail.com



PAYMENT PROCESSING FORM

DATA OF BENEFICIARY

Name:		Last Name:	
Amount:	Date of Birth:	Profession	
Claim N °:		Batch N °:	
Address:		Nationality:	
Email Address:	Mobile:	Telephone:	Fax:
City:	State:	Zip/Postal Code:	

BANK DETAILS IS NEEDED ONLY WHEN YOU CHOOSE BANK TRANSFER

MODE OF PAYMENT: a / BANK TRANSFER b / BANK DRAFT/ENDORSED CHEQUE

BANK INFORMATION

Bank Name:			
Bank Account Number:		Routing/Swift/Sort Code:	
Bank Address:		Bank Phone:	Bank Fax:
City:	State:	Zip/Postal Code:	

NEXT OF KIN

Name:		Last Name:		Date of Birth:			
Email Address:		Mobile:		Telephone:		Fax:	
Address:				Nationality:			
City:		State:		Zip/Postal Code:			

DECLARATION

I.(Mr/Mrs).....hereby declare that I have never received any payment insured on my behalf through or by **MAPFRE SEGUROS S.A** nor have any of my family members filed a claim on my behalf . I hereby give the authorization for the processing and transfer of my winning funds to the designated Bank Account information I stated above to **MAPFRE SEGUROS S.A** on my behalf and also agree to pay 10% of my total winning to Spanish Tourism Organization afterwards.

Date:	Signature:
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This form must be completed and fax to MAPFRE SEGUROS S.A on the above fax number

Compañía De Seguros (Reg: Merc : Madrid 679 / 257 - 3ª)

Ejemplar para el interesado

