

# Transfer of receivables to beneficiaries abroad form

Please fill in the details below, and then ask your bank or financial institution to verify the information you have provided.

Social insurance  
Number

Beneficiary  
Name

.....

## PAYEE INFORMATION

Payee type

☐ Beneficiary him/herself

☐ Guardain

Payee name

.....

Mailing address

.....

Country name

.....

Home phone number

.....

Mobile

.....

E-mail address

.....

## BANK DETAILS

Name of bank or  
Financial institution

.....

Bank address

.....

## BANK ACCOUNT DETAILS

Account holder name

.....

Account number

.....

Branch code

.....

International bank  
Account number (IBAN)

## IF YOU DO NOT HAVE AN IBAN PLEASE PROVIDE THE FOLLOWING

Swift code

Fedwire/ABA number

.....

IFSC code

.....

**To the Bank/Financial Institution:** We confirm that the customer account details are correct and it can receive international deposits.

Bank/Financial Institution Stamp

## Payee Statement

I declare that the above information is correct and complete. I agree to notify GOSI if there are any changes to the above information, GOSI will not be responsible for the consequences if any of the given information above is incorrect.

Name

.....

Signature

.....

Date

.....



المؤسسة العامة للتأمينات الاجتماعية  
General Organization for Social Insurance

حَقُّ لَكُمْ

800 1243344 www.gosi.gov.sa



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