

Medical fee reimbursement form

Please complete in block capitals.

First name(s)

Application Number

This is to confirm that I have paid for the medical examination required in relation to the recent application submitted to Friends Provident International. I would like the fee paid to be reimbursed to the details below. I also attach a copy of the invoice and receipt for payment.

Please print

Bank account holders name

Bank account number

IBAN number

Bank sort code

SWIFT code

Route number (if applicable)

Bank name

Full bank address

Fee paid (including currency)

Signed:

Date (dd/mm/yyyy)

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