

**Scaling Up secure Processing, Anonymization and
generation of Health Data for EU cross border
collaborative research and Innovation**



Annex 7

**SECURED OPEN CALL Bank
Account Information Form**

August 2024

SECURED Consortium

<https://secured-project.eu>

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1. ACCOUNT HOLDER INFORMATION

Account Name Holder <i>The name or title under which the account is opened, NOT the name of the authorized agent</i>	
Holder's Address	
Postcode	
Town/City	
Country	

Contact Person <i>This does not need to be an authorized agent</i>	
Telephone	
Mobile phone	

2. BANK ACCOUNT INFORMATION

Bank Name	
Branch Address	
Postcode	
Town/City	
Country	
IBAN number / Account number <i>Format example: ES25 1087 0014 0015 0387 4956</i>	
SWIFT code <i>8 to 11 characters</i>	

BANK STAMP & SIGNATURE OF BANK REPRESENTATIVE <i>The bank stamp and signature of the</i>	DATE & SIGNATURE OF ACCOUNT HOLDER (MANDATORY)
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<i>representative can be substituted by attaching a recent bank statement (dated within the last 2 months)</i>	
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This form must be completed by the account holder and submitted during the final eligibility check and contracting procedures. It is required to ensure the accurate transfer of funds for selected projects under the SECURED Open Call. All fields are mandatory unless otherwise stated.

This form ensures that all necessary details regarding the account holder and their banking information are collected and verified to facilitate smooth fund transfers for the selected projects under the SECURED Open Call.

Submission Instructions

This form must be submitted along with the final eligibility check documentation. Please ensure all details are accurate to prevent delays in fund disbursement.