

Annex 5: Bank Details

International Medical Corps intends to award a firm fixed-price purchase order or contract as a result of this RFQ with payment terms being bank transfer/wire net 30 days from delivery and acceptance of the goods (quality control) ordered at the location specified. Please provide the company bank details below (no individual bank details such as owner's or employees).

Account Name: _____
Account No: _____
Bank Name: _____
IBAN number: _____
Swift Code: _____

Company Name:
Name and Surname of representative:
Date:
Signature:
Stamp: