



CHARLES UNIVERSITY  
Faculty of Medicine in Pilsen  
alej Svobody 76, 323 00 Plzeň  
ID: 002 16 208

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## BANK DETAILS – REQUEST FOR SENDING MONEY

STUDENT'S FULL NAME (LAST NAME, MIDDLE NAME, FIRST NAME)

PERSONAL ID

NAME OF ACCOUNT

NAME OF THE BANK

ADDRESS OF THE BANK

ACCOUNT NO

BANK CODE

SWIFT CODE (BIC)

IBAN

ADDRESS OF THE RECEIVER

DATE

SIGNATURE