



CIVIL & DOMESTIC COURTS

MAGISTRATES COURTS COMPLEX

SOUTH STREET

P.O. Box N-421

New Providence, The Bahamas

Telephone: 502-4000

DOMESTIC COURT No. _____

THIS FORM MUST BE COMPLETED AND SUBMITTED BY EITHER:

Scan/Fax: 356-7180

Hand delivered: To the Accounts Section, Magistrates Courts Complex

(The completed form must be accompanied by a copy of two (2) valid Government issued ID's)

NAME OF PAYEE: _____

NAME OF PAYOR: _____

STREET ADDRESS- PAYEE: _____

POSTAL ADDRESS- PAYEE: _____

CITY: _____

COUNTRY: _____

TELEPHONE CONTACT-PAYEE

HOME: _____

MOBILE: _____

EMAIL: _____

IDENTIFICATION:

PP# _____

DL# _____

NIB# _____

BANK NAME/CODE: _____

BANK BRANCH CODE/STREET ADDRESS: _____

BANK ACCOUNT NO.:

SAVINGS: _____

CHECKING: _____

DECLARATION OF PAYEE:

The Magistrates Courts (the "Courts" which term shall include its employees, servants or agents) will rely on the information provided by me in making payments to my account and that it is my responsibility to provide the Courts the accurate information regarding the account details. Should I provide any incorrect information, any losses resulting from the funds being credited to the wrong account will be my responsibility and I hereby indemnify and hold harmless the Courts for any such losses.

I, the undersigned, hereby declare that the information provided above is true and correct.

NAME: _____

SIGNATURE _____

DATE: _____