

Charles Stewart Mott Foundation
Wire Transfer of Funds Form – Ukraine

(Please Type Information in Form)

Grantee Organization Name: _____

Grantee Address: _____

Project Name: _____

Mott Grant Request Number: _____

Does the Grantee Organization have a location in Crimea, the Donetsk People’s Republic (DNR), Luhansk People’s Republic (LNR) or any other Covered Region?: No Yes

Required Information to Process Wire Transfers:

Name of Bank to Receive the Funds: _____

Complete Address of Bank: _____

Grantee’s Bank Account Name: _____

Grantee’s Bank Account Number: _____

 Outside U.S. (SWIFT Code): _____

 Within U.S. (ABA Number): _____

For the following countries, special routing information must be provided:

 European Union (IBAN Number): _____

Does the Grantee Organization have a location in Crimea, the Donetsk People’s Republic (DNR), Luhansk People’s Republic (LNR) or any other Covered Region?: No Yes
(if no, please attach written verification from the bank)

If Applicable – Additional Information Required When Using a Direct Correspondent Bank:

Name of Direct Correspondent Bank: _____

Complete Address of Bank: _____

Grantee’s Bank Account Name: _____

Grantee’s Bank Account Number: _____

 Outside U.S. (SWIFT Code): _____

 Within U.S. (ABA Number): _____

For the following countries, special routing information must be provided:

 European Union (IBAN Number): _____

By signing below, the individual represents to the C. S. Mott Foundation that he/she has the authority to sign this Form on the grantee’s behalf.

Printed Name of Authorized Representative of the Grantee

Title

Signature of Authorized Representative of the Grantee

Date Signed