**Third Party Sample Template: Bank Letterhead**

[Date]

To: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Attn: [Fund Portfolio Manager]

Global Health Campus

Chemin du Pommier 40

1218 Grand-Saconnex

Geneva, Switzerland

Re: [Bank Client name] Account Information

Dear [Fund Portfolio Manager],

Kindly accept this letter as an official confirmation of the bank account details, as per the records of the bank, for the above-mentioned client

|  |  |
| --- | --- |
| Bank Name (Full legal name) |  |
| Bank Full Address (Street, City, Postal Code/Zip code, Country)  |  |
| Bank Account Name  |  |
| Bank Account Holder Name (Legal Owner/Beneficiary Name) |  |
| Bank Account Number |  |
| Bank Account Currency |  |
| SWIFT /BIC Code **(Mandatory)** |  |
| IBAN (if applicable) |  |
| ABA (US Banks only) |  |
| Special Instructions (**only if required**) |  |

|  |
| --- |
| **Routing instructions (Only if required)** |
| Intermediary Bank Name |  |
| Intermediary Bank Country |  |
| Intermediary Bank Swift /BIC Code |  |
| Intermediary Bank IBAN (if applicable) |  |
| Intermediary Bank Account Number (if applicable) |  |

I hereby confirm that the client has provided the bank with the appropriate authorization to confirm the bank details described above directly to the Global Fund to Fight AIDS, Tuberculosis and Malaria, its representatives and agents, upon request, for verification purposes.

This authorization is limited to clarifications required on the accuracy of the above-mentioned bank account details. This does not provide the Global Fund, its representatives or its agents direct access to the above-mentioned bank account at the transaction level.

Should you require additional information, you may contact [bank account manager name] directly at [+ XXXXXXXXX and/or email].

Sincerely

Name:
Title:

Official Stamp of the Bank