

(NAME AND SURNAME)  
**DOCTORAL STUDENT OF (NAME OF FACULTY / CENTER) OF VILNIUS  
UNIVERSITY**

Date of birth ....., student ID No. ....  
Tel. No. ....., e-mail .....

**REQUEST FOR THE TRANSFER OF SCHOLARSHIP TO A BANK ACCOUNT**

day-month-year  
Vilnius

Please transfer my scholarship to the following bank account (*please mark the appropriate box*):

- SEB
- Swedbank
- DNB

IBAN account No. **LT**.....

**Important information:** according to the new revision of the Law on Payments of the Republic of Lithuania, transfers to the beneficiary's bank account are credited only according to the IBAN account number provided by the beneficiary, the bank does not verify other data of the beneficiary (name, surname, personal identity code).

I confirm that I am the owner of this bank account and the account number for the scholarship transfer is correct.

(Signature)

(Name and Surname)