

## **Request for**

## payment of outstanding share

N.B. this form only applies to foreign bank accounts

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Name and Swedish personal identity num First name and surname	nber	Swedish personal identity number
Address		Zip code
City	Country	Foreign Tax Identification Number (TIN)
,		
Phone number	E-mail address	
Foreign bank account to which payment Account number /IBAN:	must be made	
Account number /IBAN:		
Bank		
SWIFT/BIC-Kod:		
Signature  Date	Signature	
Scan and send by mail to stiftelserna@volvo.com or send by post to: Stiftelsen Volvoresultat, M2.7, 405		
08 Göteborg		
Coloborg		