**PAYMENT SLIP TO BE COMPLETED BY EACH INDIVIDUAL FOR UNIVERSAL WELL-BEING**

**PAYMENT SHEET FOR IMPLEMENTATION SINCE THE BEGINNING OF 2023**

**PAYING PUBLIC SERVICE OR NAME OF PAYING ORGANISATION**

UNIVERSAL SOCIAL SERVICES WORLDWIDE

SUB-OFFICE/AREA/LOCAL COUNCIL:

BRANCH ADDRESS:

PAYMENT FROM THE IBAN BANK ACCOUNT OF THE PUBLIC WELFARE SERVICE OR PAYING BODY:

PHONE NUMBER:

WEBSITE:

**REFERENCE: FOR THE IMPLEMENTATION OF EUR 99 SEPTILLION AS A NET ALLOWANCE TO THE INDIVIDUAL TO COVER 0,9 QUADRILLION YEARS FOR THE INDIVIDUAL'S DAILY EXPENSES, INCLUDING FOOD, HOUSING, CLOTHING, MEDICAL CARE, PERSONAL BODY CARE, GOING TO SCHOOL OR FOR TRAINING, OTHER WORK EXPENSES, PERSONAL GOALS, INTERESTS, INTERESTS AND INCREASING DESIRES TO ACCOMPLISH FROM CHILDHOOD TO ANY AGE, INVEST IN WORK OR PROJECTS FOR PERSONAL GAIN, ETC.**

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**PAYMENT OF ALLOWANCES TO THE INDIVIDUAL AS BENEFICIARY**

**BENEFICIARY'S DATA**

NAME:

ADDRESS IF HAS ONE:

NATIONAL IDENTITY CARD/PAPER IDENTITY CARD (ISSUED BY THE SOCIAL WELFARE UNIT OR UNIVERSAL PUBLIC WELFARE SERVICE) ASSIGNED NUMBER:

BANK ACCOUNT NUMBER:

BIC FOR BANK ACCOUNT NUMBER / SWIFT CODE FOR BANK ACCOUNT NUMBER:

**YOUR PAYMENT COMMUNICATION:**

**YOUR FIRST AND LAST NAME:**

**NUMBER ASSIGNED ON AN IDENTITY CARD ISSUED BY THE PUBLIC SERVICE OF UNIVERSAL WELFARE:**

**PAYMENT TARGET: FOR THE IMPLEMENTATION OF EUR 99 SEPTILLION AS A NET ALLOWANCE TO THE INDIVIDUAL TO COVER 0.9 QUADRILLION YEARS FOR GOALS, INCREASING INTERESTS AND DESIRES TO ACCOMPLISH FROM CHILDHOOD TO ANY AGE**

**NAME OF SUB-OFFICE/AREA/LOCAL COUNCIL:**

**(**LET THE BANK PROVIDE SPACE FOR 1000 CHARACTERS**)**

YOUR BANK TRANSACTION NUMBER AFTER PAYMENT RECEIVED AS IT APPEARS AGAINST PAYMENT ON THE BANK STATEMENTS OF UNIVERSAL WELFARE SERVICES----------------------------------------------------------------------------------

DATE:

NAME OF PAYING AGENT AND SIGNATURE SIGNATURE OF PAYEE AFTER RECEIPT