

### Instructions for Payments

All payments must be received into the RA's Bermuda bank account prior to a licence being issued or renewed by wire transfer, credit card or cheque at the address listed above.

The RA no longer accepts cash payments.

Payments can also be made in person using card or cheque at the address listed below:

Regulatory Authority Bermuda  
1<sup>st</sup> Floor, Craig Appin House  
8 Wesley Street  
Hamilton, HM 11

#### **Online wire transfer details:**

Beneficiary Bank: HSBC Bank Bermuda Limited  
Swift Code: BBDA BMHM

Beneficiary Account Number: 011-084456-501 - **US Dollar only**  
Beneficiary Account Number: 011-084456-001 - **BMD Dollar only**  
Beneficiary Name: Regulatory Authority Bermuda

\*Please ensure the Note to Beneficiary includes the following:

For;  
Class Licences: Licence No. (for renewals) or File No. (for new issues)  
Or  
Type Approvals: Applicant name and model number

\*A remittance must be sent to [licence@ra.bm](mailto:licence@ra.bm). This will ensure that payments are allocated correctly in our system.

#### **Cheque payment details:**

Payable to: Regulatory Authority Bermuda  
Notes: Licence No. (for renewals) or File No. (for new issue)

#### **Credit and Debit Cards:**

Only Visa and MasterCard are accepted as methods of payment.  
Payment for Class Licences and Type Approvals by credit and debit card can be made using the attached form in the appendix of this document which should be faxed to +1 (441) 474-6048 or sent via email as an attachment to:

[licence@ra.bm](mailto:licence@ra.bm)

**Credit Card Form**

Payable to the **Regulatory Authority Bermuda**

Please charge the following account for the applicable licence fees:

Name of Licensee: \_\_\_\_\_

Licence number in respect of the renewal payment: \_\_\_\_\_

AND/OR

Call Sign: \_\_\_\_\_

Other identifying information (not required): \_\_\_\_\_

MasterCard*	
Visa*	

Card Number\*: \_\_\_\_\_

Expiry Date\*: \_\_\_\_\_

CVC Code\*: \_\_\_\_\_ (3 digit code found on back of Credit Card)

Cardholder's Name\*: \_\_\_\_\_

Cardholder's Address\*:  
Street\*: \_\_\_\_\_

City\*: \_\_\_\_\_

State/ County\*: \_\_\_\_\_

Zip/Postal Code\*: \_\_\_\_\_

Country\*: \_\_\_\_\_

Telephone Number\*: \_\_\_\_\_

Email address\*: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**(\*) Denotes required fields. Any information not furnished will result in payment not being processed.**