

Instructions for Payments

All payments must be received into the Regulatory Authority Bermuda (RA) bank account prior to a licence being issued or renewed.

The RA will accept payments by wire transfer, Bill Payee for local HSBC account holders and most major credit cards.

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

Regulatory Authority Bermuda
3rd Floor Cumberland House
1 Victoria Street
Hamilton HM 12

Online Payment/ Wire Transfer:

Payments via wire transfer or online banking can be made using the following detail:

Correspondent Bank:
HSBC Bank USA, N.A.
452 Fifth Avenue
New York, New York 10018
USA

Swift Code: MRMD US33
Fedwire ABA Code: 021001088

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

Beneficiary Account Number: 011- 084456-501 - US Dollar
Please ensure payments outside of Bermuda are in **US \$ only**.

Beneficiary Account Number: 011- 084456-001 - BDM Dollar
Please ensure that local payments are in Bermuda Dollars only

Beneficiary Name: Regulatory Authority Bermuda

The following should be included in the payment reference:

- For ICOL Licence: Company Name
- For Class Licences: Call sign issued
- For type approvals: applicant name and model number

Remittance advice/ confirmation of payment should be sent via email to Paull Davis at pdavis@rab.bm

Credit and Debit Cards:

Payment 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:

- For ICOL Fees: pdavis@rab.bm
- For Class Licences: bevans@rab.bm
- For Type Approvals: mwells@rab.bm

Please include info@rab.bm in all emails

Only Visa and MasterCard are currently accepted as methods of payment.

All payment information is destroyed once payment has been confirmed and is not stored to maximize your financial security.

Credit Card Form

Payable only 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.