

Please fill in the Application Form using typing letters
Put mark "X" in the corresponding fields

ORGANISATION DETAILS

Company Name		Responsible Person	
Registered Office		Contact Person	
Address		Contact Phone	
Registration Number		Contact E-mail	

AUTHORIZED USERS DATA

USER 1		USER 2	
Name and Surname		Name and Surname	
ID number		ID number	
ID card / Passport		ID card / Passport	
Phone		Phone	
Mobile phone		Mobile phone	
E-mail		E-mail	
Password		Password	

ACCOUNT DATA

Account	For the User 1			For the User 2		
	Payment	Group	E-mail	Payment	Group	E-mail
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE

STATEMENT OF AUTHORIZED REPRESENTATIVE

I hereby confirm under penalty of perjury of fraud that all details I have given in this form are true and accurate. I have received, understand, agree with and accept General Terms and Conditions with this Application Form. I hereby authorize the Bank to charge my account listed above with transactions and fees resulting from the use of electronic banking services, according to effective Bank Tariff without prior notice and in case of insufficient funds on those accounts-to debit my other accounts with the Bank.

Stamp and Signature of Authorized Representative _____

FILLED BY THE BANK

Application number	<input type="text"/>	Application Date	<input type="text"/>	Token number:	<input type="text"/>
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