Request for Change of Status and Terms for Debit Card for Business Entity

Please fill in the necessary information accurately. Request shall be considered valid if the application is signed by the applicant. Information on the Applicant - Business Entity Business Entity Name* Tax number (OIB)* Register Identification Number* Number of IBAN account opened with Erste&Steiermärkische Bank d.d.** **Authorized Representative** First and last name** Tax number (OIB)** **Authorized Card User data** a / First and last name** Tax number (OIB)** Card number* $X \quad X \quad X \quad X \quad X \quad X$ Mobile phone** **Card Status Change** Replacement card and PIN order Order reason (S, L, D, B or O) Previous card was; S - stolen, L - lost, D - damaged, B - blocked, O - other I want the PIN to be delivered to the address of the head office, and the card to the branch of Erste Bank (specify the branch and address) I want to have my PIN and card delivered to an Erste bank branch (specify branch and address) I want a payment service at points of sale YES NO The daily limit for using the card at the points of sale amounts to 2.700,00 EUR***. If you want to change your limit, please specify the amount **EUR** If you want to change the maximum number The daily number of transactions at the points of sale amounts to 15 transactions. of transactions, please specify how many YES I would like to disable contactless payments The option can only be selected with a new card and by selecting contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface. I would like to arrange a cash withdrawal service at ATMs YES NO The daily limit for using the card at the ATM amounts to 1.400,00 EUR. If you want to change your limit, please specify the amount The daily number of transactions at the ATM amounts to 7 transactions. If you want to change the maximum number of transactions, please specify how many Reason for the limit increase Cancellation of the card for the user (in case of card cancellation, the card must be returned to the Bank) Unblock card Card has been returned YES NO Oder a replacement PIN The Erste Bank branch (enter address) to which new PIN will be delivered



Authorized Card User data																	
b / First and last name**																	
Tax number (OIB)**			Ca	Card number**													
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Mobile phone**																	
Card Status Change																	
Replacement card and PIN order Order reason (S, L,	D, B or 0)			Prev	ious ca	ard was	s; S - stol	en, L	- lost,	, D -	dam	iaged, l	B - bl	ocked	l, O - 1	other	
I want the PIN to be delivered to the address of the head of	office, and t	he card to	the l	branch	of Erst	te Bank	(specif <u>ı</u>	J the I	branc	h an	ıd ad	dress)					
I want to have my PIN and card delivered to an Erste bank	k branch (sr	oecify bra	ınch a	and add	dress)												
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I want a payment service at points of sale	YES	NO		The da	ily limi	it for us	ing the co	ard at	the p	oints	s of s	ale am	ounts	s to 2.	700,C	00 EUR***.	
If you want to change your limit, please specify the amount						EUR											
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If you want to change the maximum number					Th	e daily	number (of trai	nsacti	ions (at th	e ATM d	mou	nts to	7 trai	nsactions.	
of transactions, please specify how many																	
Reason for the limit increase																	
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Unblock card	d has been i			YES	(III Cas	NO	iu cance	IIaliUi	i, iiie	Caru	ı ıııu	St be le	:tuille	:u 10 1	.He Do	alik)	
Oder a replacement PIN The Erste Bank branch (enter a	address) to	which ne	w PIN	N will b	e deliv	ered											
By signing this Request I hereby confirm that I accept the risk of																	
By signing this Request, the Authorized User and the Authorized Authorized User or the Authorized Representative of the Busine	•				_	_							_	_		_	
Card. If Debit Card is collected by the Authorized Representative over the Card to an Authorized User, who is the only one authorized User.		_	_											_	_		
she is responsible for all transactions and possible misuse that	can occur p	rior to the	Card	being	given t	o the A	uthorized	d Usei	r.								
Information about data processing includes information on the on Erste Bank's web site. By signing this document, I certify I h					_										anch	offices and	
*Mandatory data is specified by regulations without which E				k d.d. (herein	after: E	rste Ban	k) is ı	unabl	e to	esta	blish a	nd/or	· mair	ntain	a business	
relationship, what is explained in details in the Data Processing **Business-conditioned data is required to conclude and/or explained and/or explained to conclude and/or explained and/				ship wi	th Erste	e Bank,	e.g. cert	ain co	ntact	info	rmat	tion ma	ay be	busin	ess-c	onditioned	
data, as explained in details in the Data Processing Information ***The specified limit applies to contact and contactless purcha			nd on	line nu	rchase	S											
A copy of the Request must be sent via fax to 072 37 3918, ar subjekata i prisilne naplate, Haulikova 19A, 43000 Bjelovar.		•					ermärkis	che B	ank d	l.d., 9	Služb	a trans	sakcijs	skih ra	ačuna	n poslovnih	
Place anda date			Si	gnatur	e of th	e autho	orized rej	prese	ntativ	/e*							
Receipt information (filled in by an employee of Erste Bank Date of receipt	who identif	fies the a	_			tative of f Erste		sines	s enti	ty							
bute of receipt			Ы	i ai iCII (חוונכ ט	יי בואנל	Dailk										
Name, surname and signature of an employee of Erste banka			A	pplicant	(First a	and last	name)**										

