

# Transaction Account Information – Business Entity/ Master Business Credit Card Update Form

Please complete the Form in clear and legible capital letters

## Business entity information

Name of the business entity	
National payment operations transaction account number	540
International payment operations transaction account number	540
Business entity identification number	
Master business credit card number	

## Information to be updated (please circle the corresponding number)

1. Name of the business entity: _____ (this application is to be accompanied by the client's registration certificate with the relevant authority - not older than 3 months)
2. Address – head office of the business entity: _____ (this application is to be accompanied by the client's registration certificate with the relevant authority - not older than 3 months)
3. Activity code: _____ (this application is to be accompanied by a document informing of the change in the activity code)
4. Name of the authorized representative: _____ (this application is to be accompanied by the client's registration certificate with the relevant authority - not older than 3 months, specimen signature card, Signature Certification forms for the authorized representatives, Electronic Services Authorization form and a copy of identification documents)
5. Name of the persons authorized to manage the assets: _____ (this application is to be accompanied by the client's registration certificate with the relevant authority - not older than 3 months, specimen signature card, Electronic Services Authorization form and a copy of identification documents)
6. Update in authorizations for persons submitting payment orders: _____ (this application is to be accompanied by a new authorization in the business entities letterhead, and a copy of identification documents)
7. Transaction account statement delivery method for national payment transactions: E-mail Bank's branch office _____ 1. _____ 2. _____
8. E-mail address update: 1. _____ 2. _____
9. Sending transaction account statements for international payment transactions to e-mail address (please indicate e-mail address): 1. _____ 2. _____ 3. _____
10. Master Business credit card statement delivery method: Mail Address: _____ E-mail _____ Town _____
11. Changes related to the use of stamp for verification of documentation and payment orders: <input type="checkbox"/> Termination of stamp use <input type="checkbox"/> Stamp replacement <input type="checkbox"/> Use of stamp
12. Other (please indicate the information you wish to update):

**By signing this Form I confirm that the information provided is correct and I hereby authorize the Bank to verify all information provided. I also undertake to notify the Bank of any change in the information provided.**

Place	Signature of the authorized representative
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If the use of stamp/seal is required by the law, other regulation or by the other general act (Articles of Association and similar) of the legal entity which you are representing, you are obliged to use it in the business relationship with the Bank.

**STAMP**

## To be completed by the Bank

Branch office	Date
Application received by	<input type="checkbox"/> I confirm that the client signed documents in my presence