

# Transaction Account Opening Form – Business Entity

Please complete the Form in clear and legible capital letters

Please indicate the account type you wish to open

Transaction account for national payment transactions	<input type="checkbox"/>
Transaction account for international payment transactions	<input type="checkbox"/>

## Applicant information

Applicant name – business entity	
Represented by (please indicate the name of the authorized person and his/her Citizens' Register number - JMBG)/passport number for non-residents)	
Place / Head Office Country of head office (for non-residents)	Address
Contact telephone	Fax
E-mail	Website
Company identification number – business entity	
Activity code Activity – scope of business (for non-residents)	Date of commencement of the business entities business operations
	Number of employees

## Reason for account opening

Cash transaction (deposit/withdrawal)	<input type="checkbox"/>	Domestic non-cash payment transactions	<input type="checkbox"/>
Foreign payment transactions	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Investments	<input type="checkbox"/>	Loans	<input type="checkbox"/>
Transaction account statement delivery method for national payment transactions		1. _____	
electronically <input type="checkbox"/>	Please indicate your e-mail address:	2. _____	
		3. _____	
Bank's branch office <input type="checkbox"/>	Branch office: _____		
Transaction account statement delivery method for international payment transactions		1. _____	
electronically <input type="checkbox"/>	Please indicate your e-mail address:	2. _____	
Total annual income			
Other (indicate)			

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
Signature	Application approved Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason, if the application was rejected	By (name of the Bank employee)