

## 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	
2. Address – head office of the business entity	
3. Activity code	
4. Name of the authorized representative	
5. Name of the persons authorized to manage the assets	
6. Update in authorizations for persons submitting payment orders	
7. Transaction account statement delivery method for national payment transactions: E-mail 1.	
Bank's branch office	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
E-mail	Address: Town
Changes related to the use of stamp for verification of documentation <sup>11.</sup> and payment orders:	Termination of stamp use Stamp replacement 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
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.	
To be completed by the Bank	
Branch office	Date
Application received by	I confirm that the client signed documents in my presence