



Request for enabling international transactions Please fill out the request accurately and legibly in block letters.

Requester's d	letails
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Name and Surname of the Cardholder																											
JMBG (for residents)														Inte for (fo	ernal n foreig r non-	umber ners residen	ts)										
Card number								Χ	Χ	Х	Х	Х	Х														
Account number	5	4	0																								
Contact phone number																											
Please fill in the dates of the planned vacation (the time period in which international transactions out of Europe are to be enabled)																											
Date from:													ι	until:													
Hereby I confirm	that	l acc	ept t	he E	Bank	to	ena	ıble a	all tra	ınsa	ctions	s out	of E	urop	e in t	he ab	over	nent	ione	d tir	ne į	oeri	od.				
Place														Dat	te												
Note: This Request sh																or the								 	 		

Request for enabling international transactions in electronic form on the email address cards@erstebank.me containing all required data, will mean that the positive identification of the Client has been completed and that the transaction will be enabled according to the details presented in this Request.