



Specimen signature card for transaction account for international payment transactions Please complete the Card in clear and legible capital letters

Name of business entity				
Head office Country of head office (for non-residents)		Address		
Contact telephone	E-mail		Business entity identification number	
International payment account number	M E 2 5 - 5 4	0 -		
Persons authorized to manage the as	ssets:			
Signatory first name and surname				
Citizens' Register number (JMBG)/ Passport number:		Address		
Method of signing individually	collectively		I stamp of the authorized signatory mber is different from the main stamp)	STAMP
Signatory first name and surname				
Citizens' Register number (JMBG)/ Passport number:		Address		
Method of signing individually	collectively		I stamp of the authorized signatory mber is different from the main stamp)	STAMP
Signatory first name and surname				
Citizens' Register number (JMBG)/ Passport number:		Address		
Method of signing individually	collectively		I stamp of the authorized signatory mber is different from the main stamp)	STAMP
Signatory first name and surname				
Citizens' Register number (JMBG)/ Passport number:		Address		
Method of signing individually	collectively	Signature and (if the stamp nu	I stamp of the authorized signatory mber is different from the main stamp)	STAMP
Signatory first name and surname				
Citizens' Register number (JMBG)/ Passport number:		Address		
Method of signing individually	collectively		I stamp of the authorized signatory mber is different from the main stamp)	STAMP
Signatory first name and surname				
Citizens' Register number (JMBG)/ Passport number:		Address		
Method of signing individually	collectively		I stamp of the authorized signatory mber is different from the main stamp)	STAMP
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.		Signature of t	he authorized representative	
To be completed by the Bank		STAMP		
Date .		Signature of t	he Bank's authorized person	
Number of the box for disposal of bank stateme	nts			
I confirm that the client signed documents in my presence		STAMP		
ERDPE06 092024				