

Specimen signature card for transaction account for national payment transactions

Please complete the Card in clear and legible capital letters

Client information

Name of business entity											
Head office Country of head office (for non-residents)						Address					
Contact telephone				E-mail				Business entity identification number			
National payment account number											
5 4 0 -											

Persons authorized to manage the assets:

Signatory first name and surname											
Citizens' Register number (JMBG)/ Passport number:						Address					
Method of signing <input type="checkbox"/> individually <input type="checkbox"/> collectively						Signature and stamp of the authorized signatory (if the stamp number is different from the main stamp)					
STAMP											

Signatory first name and surname											
Citizens' Register number (JMBG)/ Passport number:						Address					
Method of signing <input type="checkbox"/> individually <input type="checkbox"/> collectively						Signature and stamp of the authorized signatory (if the stamp number is different from the main stamp)					
STAMP											

Signatory first name and surname											
Citizens' Register number (JMBG)/ Passport number:						Address					
Method of signing <input type="checkbox"/> individually <input type="checkbox"/> collectively						Signature and stamp of the authorized signatory (if the stamp number is different from the main stamp)					
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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 the authorized representative

STAMP

To be completed by the Bank

Date						Signature of the Bank's authorized person					
Number of the box for disposal of bank statements											
<input type="checkbox"/> I confirm that the client signed documents in my presence											

STAMP