|  | Cor | porate | officer | code |
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|--|-----|--------|---------|------|

Client number

| SPARKASSE        |  |
|------------------|--|
| <b>JEAKNAJJE</b> |  |
| Pank             |  |

## **Application Form for Payment Account and Payment Services**

| Branch   |                                    |                   |
|--|------------------------------------|-------------------|
| I. Corporate payment account   |                                    |                   |
| Initial application for payment account  | Application for additional account | Change of account |
| I kindly request you to open an account in   | your Bank                          |                   |
| Payment account No.  |                                    |                   |
| Applicant:   |                                    |                   |
| Contact person:  |                                    |                   |
| Corporate name: Address and office: URN TIN Telephone: Email: Web: Method of receipt daily statements Changes: (Please indicate in case the application refers to a change of the account) |                                    |                   |
| II. Cards  |                                    |                   |
| Allowing Change  |                                    |                   |
| Basic card data  |                                    |                   |
| MKD account number in Sparkasse Bank   |                                    |                   |
| FX account number in Sparkasse Bank  |                                    |                   |
| Basic card user<br>(in Latin, no more than 24 characters)<br>First emboss line   |                                    |                   |

| I kindly request you to issue a Visa busine  | ss debit card*:  |                                  |
|--|--|----------------------------------|
| Additional card data   | Additional card user   | Additional card user             |
| Name   |  |                                  |
| Surname  |  |                                  |
| Date of birth  |  |                                  |
| Place of birth   |  |                                  |
| Personal identification number   |  |                                  |
| ID card or passport number   |  |                                  |
| Valid to   |  |                                  |
| Address from ID card   |  |                                  |
| City Cell phone number   |  |                                  |
| E-mail   |  |                                  |
| Name and surname on the card   |  |                                  |
| (in Latin script, no more than 24 characters)  |  |                                  |
| Signature of the additional card applicant   |  |                                  |
| I kindly request you to issue a MasterCard business  | credit card and approve a framework c  | redit limit in the amount of MKD |
| Additional card data   | Additional card user   | Additional card user             |
| Name   |  |                                  |
| Surname  |  |                                  |
| Date of birth  |  |                                  |
| Place of birth   |  |                                  |
| Personal identification number   |  |                                  |
| ID card or passport number   |  |                                  |
| Valid to   |  |                                  |
| Address from ID card   |  |                                  |
| City   |  |                                  |
| Cell phone number E-mail   |  |                                  |
| Name and surname on the card   |  |                                  |
| (in Latin script, no more than 24 characters)  |  |                                  |
| Signature of the additional card applicant   |  |                                  |
|  |  |                                  |
| Please deliver the statements to: Permanent ad   | dress Correspondence address   | E-bank Email                     |
| Please fined attached the following documents that   | the Bank will keep for its records:  |                                  |
| Photocopy of ID card/passport of the additional card.  |  |                                  |
| <ol> <li>Balance sheets and income statements for two pr</li> <li>Trial balance for the last quarter of the current ye</li> <li>Analytical review by client - specification of group trial balance from point 3</li> <li>Giro account turnover for the last 6 months</li> <li>Statement / Consent to check credit exposure (on</li> <li>Collateral</li> <li>Other documentation</li> </ol> | evious years (only when applying for a N<br>ar<br>s 12, 22, 25 and 28 of the same date wit | h reference to the               |
|  |  |                                  |

| To fill in w    | hen picking up the card:                    |   |   |           |
|-----------------|---|---|---|-----------|
| Basic card      | I number:                                   |   |   |           |
| I received ad   | lditional card number:                      | and enveloped PIN code.   | Date  | Signature |
| I received ad   | ditional card number:                       | and enveloped PIN code.   | Date  | Signature |
| Basic card      | number:                                     |   |   |           |
| I received ad   | ditional card number:                       | and enveloped PIN code.   | Date  | Signature |
| I received ad   | ditional card number:                       | and enveloped PIN code.   | Date  | Signature |
| III. Digital cl | nannels                                     |   |   |           |
| Allov           |   |   |   |           |
| Elec            | tronic banking                              |   |   |           |
| Mob             | ile banking Privileges:                     | Info access   | Full  | access    |
| Certifica       | ate type:                                   | Certificate valid   | lity period:  |           |
| KIBS:           | Verba Sign PKI Токен Verba Sign Pro PKI Тог | кен 1 year 🔵 2 years  | s O   |           |
|                 |   |   |   |           |
| A Revie         | w of accounts in electronic banking         |   |   |           |
| 71. 110110      | or accounts in discitoring burning          |   |   |           |
|                 | Account / Batch number                      | Signature regimes  1. Single – Single s  2. Double – Double  3. Group – Group s  (minimum two, one of  4. Mix – Mixed sig | signature;<br>e signatures;<br>signatures<br>who is a manda |           |
|                 |   |   |   |           |
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## B. Authorisation by account:

Authorised persons for account review, creation of payment orders with and without the right of signature\* through electronic banking for corporate clients have the following level of authorization:

|                           |   |                            | Au              | ıthorisation (**                 | **)       |              |               |
|---------------------------|---|----------------------------|-----------------|----------------------------------|-----------|--------------|---------------|
| Name/<br>PIN              | Email address**/<br>Phone number  | Account number             | INF             | Creation of<br>payment<br>orders | Signature | Limit (****) | Group (*****) |
|                           |   |                            |                 |                                  |           |              |               |
|                           |   |                            |                 |                                  |           |              |               |
|                           |   |                            |                 |                                  |           |              |               |
|                           |   |                            |                 |                                  |           |              |               |
|                           |   |                            |                 |                                  |           |              |               |
|                           |   |                            |                 |                                  |           |              |               |
|                           |   |                            |                 |                                  |           |              |               |
|                           |   |                            |                 |                                  |           |              |               |
|                           |   |                            |                 |                                  |           |              |               |
| 2 In case of account with | n a double signature, there<br>n group signatures, there n<br>n mix signatures, signatory | nust be at least one "mand | datory signator | y"                               |           |              |               |

<sup>(\*)</sup> Persons authorized for account review, creation of payment orders with and without the right of signature through electronic banking should submit ID cards for identification.

(\*\*) If a certificate issued by KIBS and/or Makedonski Telekom is used, a valid email address linked to the digital certificate must be filled in.

(\*\*\*) If the authorised person has the mandate to sign and create orders, "Signature" and "Creation of orders" must be marked.

(\*\*\*\*) The limit is defined in the account currency.

(\*\*\*\*\*) Only group and mixed signatures are filled in. In case of accounts with group and mixed signatures there are:

Group 1 and Group 2. The detailed authorisation level by limits is defined in the registration form for electronic banking for corporate clients.

## C. Additional information for Mix signatory regime

(To be only completed in case of mix signatures)

| Account | Lower limit | Upper limit | Number of signatures of any group | Number of signatures in Group 1 | Number of signatures in Group 2 |
|---------|-------------|-------------|-----------------------------------|---------------------------------|---------------------------------|
|         |             |             |                                   |                                 |                                 |
|         |             |             |                                   |                                 |                                 |
|         |             |             |                                   |                                 |                                 |
|         |             |             |                                   |                                 |                                 |

The User or the Authorised Person hereby freely and explicitly represents and agrees that their data, balance, operations and other data relating to the account including their PIN that are considered business secrecy are delivered to the relevant processing centre in the country and abroad for the purpose of fulfilling the tasks of the Bank under the Agreement for the Regulation of Mutual Rights and Obligations for Using the Electronic Banking Service for Corporate Clients.

The entire responsibility or possible damage related to all transactions executed and messages sent by the User through the electronic banking system shall be borne by the User, i.e. the Bank shall debit the User's accounts.

|  | e: () Macedonian (   | English  |  |  |  |  |
|--|--|--|--|--|--|--|
| Account number   | Cell phone number  | Message sending<br>and receiving<br>period (1)   | Inflow   | Outflow  | Balance  | Statement in short format  |
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| or periodic notifications  | there is a choice of daily   | MS notifications: per ever<br>y or weekly receipts in thr  |  |  | 00 pm.   | Ĭ  |
| or periodic notifications Client's conser hereby ackno The data given above Bank to the Client shall b   | there is a choice of daily<br>nt<br>wledge that:<br>are correct and in case o<br>e deemed to have been d   | y or weekly receipts in thr<br>of changes (including addre<br>luly made to the address s   | ee defined periods at 09:<br>ess data) I shall notify the<br>pecified in this Application  | <b>00 am, 12:00 pm and 06:0</b> Bank within 3 working day in Form;   | 's as of the change. Other   |  |
| or periodic notifications Client's conser hereby ackno The data given above Bank to the Client shall b I agree that my perso o other countries in acco   | nt  wledge that: are correct and in case of edemed to have been donald at a presented in this  | of changes (including address supplications and internal acts  | ee defined periods at 09: ess data) I shall notify the pecified in this Application stered, processed, updates   | 00 am, 12:00 pm and 06:0  Bank within 3 working day i Form;  d by the Bank or by hiring  | rs as of the change. Other   | ransfer the personal data  |
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Received and checked
Completeness of Application Form by:

Date:

Signature of authorised person and stamp

To be completed by the Bank