

Application for E-Banking Services for Corporate Clients, Entrepreneurs and Free Professions

Novoklik (Halcom)
 Office Banking (Asseco)
 (check the box in front of the chosen service)

Check adequate boxes:

Package (card and reader)
 Card only
 Existing card certification

Name of the company

TIN REG No. Telephone No.

Legal representative

Address of the company

Numbers of the accounts included in the e-banking service

340 340 340

The following persons shall be authorized for using e-banking services:

Name and surname of the authorized person	Current account number	Authorization level for order execution				
		Input	Overview	Sending	Signing collective	Signing individual
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional options - Remote signature and limits:

Name and surname of the authorized person	Current account number	Remote signature	Daily limit per user (RSD)	Limit per transaction (RSD)

E-invoices (for Halcom Electronic Bank users only)

I apply for the use of e-invoice service for: (check the relevant options)

Invoice issuance
 Invoice Receipt

By signing this Application, the Corporate client/entrepreneur shall certify that all data are correct and that he/she is familiar with and accepts General Terms of the Provision of Payment Services as well as the General Terms of Business of the Bank.

For entrepreneurs, the Application with the excerpt from General Terms of the Provision of Payment Services, excerpt from Product Pricelist and Cut-Off Times present the Framework Agreement. By signing this Application, the entrepreneur shall certify that all data stated at the Application are correct, that he/she has received and agrees with the documents which are an integral part of the Framework Agreement.

Place and date

Stamp and signatory of the legal representative

The data from the Application verified by the Bank employee:

Name and surname (capital letters): _____ Branch: _____

Date: _____ Signature: _____