APPLICATION FORM FOR LEGAL ENTITIES

INFORMATION ON THE LEGAL ENTITY	
NAME OF THE LEGAL ENTITY	
ADDRESS (street, number, postal code, city)	
THE REGISTRATION NUMBER OF THE ENTITY	
THE TAX IDENTIFICATION NUMBER OF THE ENTITY	
NAME OF THE AUTHORIZED REPRESENTATIVE	
CONTACT PERSON	
PHONE NUMBER	
EMAIL ADDRESS	

ACCOUNT INFORMATION		
ACCOUNT NUMBER	CURRENCY	ACCOUNT TYPE

INFORMATION ON THE SERVICES				
CLIENT IS ALREADY USING ASSECO (Pexim)FX CLIENT/OFFICE BANKING APPLICATION	YES ☐		NO ☐	
IF YOU ARE USING ASSECO(Pexim) SOLUTION, DO YOU WISH TO HAVE A NEW CERTIFICATE	YES ☐		NO ☐	
IF YOU DO NOT WANT A NEW CERTIFICATE, WHICH BANK WOULD YOU LIKE TO JOIN YOUR API Bank a.d. ACCOUNT TO :				
INTERNET BANKING: (APPLICATION WHICH THE CLIENT WISHES TO USE)	OFFICE BANKING DESKTOP ☐ OFFICE BANKING ENTERPRISE ☐			

SERVICE:	Daily account turnover	Account Balance	Statement	Payment notification
SMS	☐	☐	☐	☐
E-mail	☐	☐	☐	☐

Delivery time of account balance notification :

I ORDER:	PCS
USB TOKEN	

** The fee for the use of the API Bank package shall be covered by the client with a one-off payment according to the valid tariffs of the Bank.

DATA ON AUTHORIZED USERS							
NAME	**PIN**	**TRANSACTIONS**	**COLLECTIVE SIGNATURE**	**LIMIT PER ORDER**	**MOBILE PHONE NUMBER**	**MOBILE OPERATOR**	**E-MAIL**
		YES ☐ NO ☐	YES ☐ NO ☐				
		YES ☐ NO ☐	YES ☐ NO ☐				
		YES ☐ NO ☐	YES ☐ NO ☐				
		YES ☐ NO ☐	YES ☐ NO ☐				

Note: If you change your mobile operator, please inform the Bank about this.

STATEMENT OF THE AUTHORIZED PERSON

By signing this application, I vouch that all data entered is accurate and I assume any possible form of liability in case the entered information is incorrect. I am aware that the use of the services defined above shall be regulated by the contract, by the general acts of API Bank a.d. Beograd and any valid regulations. I am familiar with the decision of API Bank a.d. Beograd, which regulates tariffs, fees and commissions and is valid on the present day.

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SEAL AND SIGNATURE OF THE PERSON AUTHORIZED FOR REPRESENTATION

TO BE FILLED BY THE BANK	
DATE OF RECEIPT	
APPLICATION NUMBER	
RECEIVED BY	