



KARTON DEPONOVAHNIH POTPISA SPECIMEN OF AUTHORIZED SIGNATURES

Naziv klijenta (Name of the Client): _____

Datum (Date): _____

Matični broj (Registration number): _____

Broj računa (Acc .No): _____

PIB klijenta (Tax ID No.) _____

Namena računa (Purpose): _____

Adresa (Address): _____

Način dostave (Delivery method): _____

Kontakt telefon (Contact number): _____

Ime i prezime (First and last name)	Potpis (Signature)	JMBG /Datum rođenja nerezidenta (Personal ID Number / Date of Birth of non- resident)	Lična karta/Broj pasoša i mesto izdavanja (ID Card/Passport number and place of issuance)	Mesto i adresa stanovanja (Place and address)	Samostalno (Solely)	Kolektivno (Jointly)	Ograničeno do iznosa (Limited amount)	Neograničeno (Unlimited amount)

Pečat i potpis lica ovlašćenog za zastupanje klijenta
(Stamp and signature of person authorized for representation)

Pečat i potpis ovlašćenog lica pružaoca platnih usluga
(Stamp and signature of entity authorized for providing payment services)