

KARTON DEPONOVA NIH POTPISA SPECIMEN OF AUTHORIZED SIGNATURES

Naziv klijenta/Name of the Client: _____ Datum/Date: _____

Matični broj/Registration number: _____ Broj računa/Acc No. _____

PIB klijent/Tax ID No. _____ Namena računa/Purpose: _____

Adresa /Address: _____ Način dostave izvoda/Acc stat 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 nonresident)	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)