API bank

ACCOUNT OPENING APPLICATION FORM

Account holder's full name

Domicile and address: _____ **ID number:** _____

Account holder's short name: _____ **Tax ID number:** _____

E-mail address: _____ **Phone number:**_____

The name of institution who issued foundation act: _____

Founding Act No: _____ **Date of foundation:** _____

Use of stamp: YES: ☐ NO: ☐

Scope of business activity: _____ **NACE code:** _____

ACCOUNT SPECIFICS

Name of the account:

RSD current account: ☐ Other RSD accounts: ☐ FX current account: ☐ Other FX accounts: ☐

Special account: _____
(Specify the law and/or regulation that requires separate holding of the funds in the account)

Delivery of account statements: at the counter ☐ by post ☐ by e-mail ☐ other ☐

Purpose and reason of account opening:

Regular business: ☐ Loan: ☐ Safe box: ☐ Special account: ☐ Other: ☐

We hereby declare that we are familiar with the effective Tariff relating to Bank's fees for services – Non residents-legal entities and we accept the application of this Tariff in particular including tariff heading related to the fees and expenses of the Bank at the pre-contractual stage of the account opening process.

I confirm that I am familiar with the content of the Notice on the processing of personal data available on the website and in the Bank's business premises. I undertake to inform all natural persons whose data I provide to the Bank or whom I bring into contact with the Bank on any basis (including representatives, real owners, authorized persons, proxies, contact persons and other related persons) in a timely and appropriate manner with the Notice on the processing of personal data of the Bank, as well as with the rights that belong to them in accordance with the Law on the Protection of Personal Data, and that I will be able to prove the fulfillment of this obligation at the request of the Bank. I confirm that I am responsible for the legality of providing personal data and for fulfilling the obligation to inform the mentioned persons.

Application date and place

Full name of legal representative, ID card No.

Signature of employee who received the application

Signature of legal representative