



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) |
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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)