



Request receive date

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Signature of authorized Person _____

Branch _____

REQUEST FOR ISSUING DINACARD BUSINESS DEBIT – LEGAL ENTITY

GENERAL INFORMATION ON LEGAL ENTITY – CARD HOLDER

Client name _____

Headquarters _____

Cardholder Name (as shown on card) _____

* Note: The maximum number of characters in the cardholder name is 26 characters

ID number:

TAX ID:

Current account number: _____

Authorized representative:

Signature _____

Telephone

Mobile phone

e-mail

STATEMENT

Under full material and criminal responsibility, I declare that all data are true, as well as that I am familiar and agree on the General terms and Conditions and Bank tariff. All relations arising from the use of DinaCard business debit card, which are not regulated by the rules of the NBS and DinaCard system, the General Terms and Conditions and the Bank's Tariff, will be regulated in accordance with the provisions of positive legal regulations of RS.

Place and date: _____

Signature of authorized person: _____

INFORMATION ON AUTHORIZED USERS - (ADDITIONAL CARDS)

1. Name and Surname _____

Cardholder Name (as shown on card) _____

* Note: The maximum number of characters in the cardholder name is 26 characters

Personal No : _____ Mother's maiden name: _____

ID number: _____ Issuing Date:

Signature: _____

2. Name and Surname _____

Cardholder Name (as shown on card) _____

* Note: The maximum number of characters in the cardholder name is 26 characters

Personal No : _____ Mother's maiden name: _____

ID number: _____ Issuing Date:

Signature: _____

3. Name and Surname _____

Cardholder Name (as shown on card) _____

* Note: The maximum number of characters in the cardholder name is 26 characters

Personal No : _____ Mother's maiden name: _____

ID number: _____ Issuing Date:

Signature: _____

4. Name and Surname _____

Cardholder Name (as shown on card) _____

* Note: The maximum number of characters in the cardholder name is 26 characters

Personal No : _____ Mother's maiden name: _____

ID number: _____ Issuing Date:

Signature: _____

5. Name and Surname _____

Cardholder Name (as shown on card) _____

* Note: The maximum number of characters in the cardholder name is 26 characters

Personal No : _____ Mother's maiden name: _____

ID number: _____ Issuing Date:

Signature: _____

PROCESSING OF PERSONAL DATA

By signing this Request, I confirm that before signing I was presented with the General Notice on the processing of personal data, that I have read and understood that personal data is processed before the conclusion of the contract at my request in order to prepare the conclusion of the contract request relations. I am aware of the fact that the General Notice on the processing of personal data is available on the Bank's website www.halkbank.rs and in all branches of the Bank, as well as that for all questions and rights related to the protection of personal data can be sent by e-mail:

zastita.licnih.podataka@halkbank.rs or on the phone number: 0800 / 100- 111.

Place and Date: _____

Signature of the person authorised for representing the Beneficiary: _____