

AUTHORIZED PERSONS FORM

PERTAINING TO DELIVERY OF PAYMENT ORDERS AND STATEMENTS FROM TRANSACTION ACCOUNT OF THE PARTICIPANT TAKING/OBTAINING
***The listed persons are in the same time authorized for collection of funds from the account of the legal entity with submission of PP40 order signed by the official signatory of the account**

Account number:

Name of the account holder:

VAT number:

Address: Municipality: Place/Country: Phone:

I/we hereby authorize the following persons:

1.	(PIN/EMBG)	
(Name and surname)		
(Phone)		
(Address)		ID: Position/Function:
2.	(PIN/EMBG)	
(Name and surname)		
(Phone)		
(Address)		ID: Position/Function:
3.	(PIN/EMBG)	
(Name and surname)		
(Phone)		
(Address)		ID: Position/Function:
4.	(PIN/EMBG)	
(Name and surname)		
(Phone)		
(Address)		ID: Position/Function:
5.	(PIN/EMBG)	
(Name and surname)		
(Phone)		
(Address)		ID: Position/Function:
6.	(PIN/EMBG)	
(Name and surname)		
(Phone)		
(Address)		ID: Position/Function:
7.	(PIN/EMBG)	
(Name and surname)		
(Phone)		
(Address)		ID: Position/Function:
8.	(PIN/EMBG)	
(Name and surname)		
(Phone)		
(Address)		ID: Position/Function:

Checked on behalf of the Bank by:

Date:

Client's signature:
