APPLICATION

Bank: Date:

Registration No:

CUSTOMER

Name, Surname / Business name	
Customer`s identification code / Date of birth	
Application type	

ORIGINAL PAYMENT ORDER DETAILS

Payer's Account number	
Payment order number / Date	
Payee's name	
Payee's Account	
Payment amount / Currency	

MESSAGE TO THE BANK

Send copy or answer to	

This Application shall be processed in accordance with the Standard Terms and Conditions for Provision of Payment Services, which can be found on the Bank's website
By signing this Application I agree with the conditions thereof.

Signature of the Customer / Representative	Signature of the representative of the Bank
Name, Surname:	Name, Surname: