

Request for RaiffeisenOnLine services

Company name and address _____

Company ID _____

Contact person and phone number _____

E-mail _____

One e-mail address for the company where status info about sent request for guarantees-loans is to be sent: _____

1. Certificate user

Name _____

Surname _____

ID number _____

Passport number _____

Phone number _____

Incoming payment acceptance YES NO

Exchange office (buying and selling of FCY) YES NO

Review of VISA/MASTER BUSINESS accounts and cards YES NO

Sending of documents: payrolls, document transfers, request for sending payments about sent payment orders YES NO

Limit (guarantees and loans) YES NO

Smart card reader YES NO

Bellow mentioned user rights please mark with YES or NO

Account number	input	signing	signature category*	limit per payment order in EUR
1 _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	_____
2 _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	_____
3 _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	_____
4 _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	_____
5 _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	_____

Remark:

*Select a signature category per account from the drop-down list or complete with one of the following options:
1. Single signature
2. Joint signature
3. Group A – left signature
4. Group B – right signature
5. No signing

2. Certificate user

Name _____

Surname _____

ID number _____

Passport number _____

Phone number _____

Incoming payment acceptance YES NO

Exchange office (buying and selling of FCY) YES NO

Review of VISA/MASTER BUSINESS accounts and cards YES NO

Sending of documents: payrolls, document transfers, request for sending payments about sent payment orders YES NO

Limit (guarantees and loans) YES NO

Smart card reader YES NO

Bellow mentioned user rights please mark with YES or NO

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5 _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	_____

Remark:

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1. Single signature
2. Joint signature
3. Group A – left signature
4. Group B – right signature
5. No signing

Date ____ / ____ / ____

Qualified electronic signature issued in RS or wet ink signature, of the person authorized to represent the company.

Remark: in the case that company stamp is stated on the Specimen signature card, this document should be verified with the stamp as well.