

ACCOUNT No.:

Place of birth:

Tax number:

Temporary residence:

Citizenship (Please list all citizenships):

Signature of legal representative:

AUTHORIZATION FOR DISPOSING WITH FUNDS ON TRANSACTION

Please, fill in capital letters. At identification, please present valid identification document.		Individually C
		Name and surname:
Company Name:		Date of birth:
Tax number:		Place of birth:
		Citizenship (Please list all citizenship
Registration number:		Permanent residence (address, pos
The Company is repr	esented by the LEGAL REPRESENTATIVE who is authorized for	Temporary residence:
disposing with funds on transaction account open at UniCredit Banka Slovenija d.d.		Tax number:
		Type and number of personal do
(it is mandatory to mark the appropriate answer¹):		Issue date of personal document
Individually	Collectively - 2 signatories	Issuer and validity of personal do
Name and surname:		Signature of legal representative:
Date of birth:		

Type and number of personal document:

Issue date of personal document:

With this authorization, I here with funds on the transaction with funds on the transaction is a second to the second to the transaction is a second to the transaction is a se

Country of birth:

Permanent residence (address, post and postal code, country – data from the enclosed personal doc.):

and LEGAL REPRESENTATIVE who is authorized for disposing with funds on transaction account open at UniCredit Banka Slovenija d.d.

(it is mandatory to mark the appropriate answer¹):

Individually	dividually Collectively - 2 signatories	
Name and surname:		
Date of birth:		
Place of birth:		Country of birth:
Citizenship (Please list all	citizenships):	
Permanent residence (a	iddress, post and postal code, co	untry – data from the enclosed personal doc.):
Temporary residence:		
Tax number:		
Type and number of pe	rsonal document:	
Issue date of personal document:		
Issuer and validity of pe	rsonal document:	
Signature of legal repres	sentative:	

Type of Authorization for disposing with funds on transaction account (Mandatory):

the new authorization (this authorization will replace all potential previous authorizations for disposing with funds on transaction account)

the additional authorization (this authorization will be added to the previous authorizations for disposing with funds on transaction account)

With this authorization, I hereby authorize the below mentioned person to dispose with funds on the transaction account open at UniCredit Banka Slovenija d.d.:

¹ The level of authorization must be the same as in AJPES or another valid registration document.



Disposing with funds on transaction account open at UniCredit Banka Slovenija d.d. (it is mandatory to mark the appropriate answer):

Individually	Collectively - 2 sigr	Collectively - 2 signatories	
Name and surname:			
Date of birth:			
Place of birth:		Country of birth:	
Citizenship (Please list all cit	izenships):		
Permanent residence (add	ress, post and postal code, cour	ntry – data from the enclosed personal doc.):	
Temporary residence:			
Tax number:			
Type and number of perso	onal document:		
Issue date of personal doc	rument:		
Issuer and validity of pers	onal document:		
I agree that personal data on the data relating to the personal identity document shall be disclosed to the employer and forwarded to the bank.			
Signature of authorized po	erson:		

Disposing with funds on transaction account open at UniCredit Banka Slovenija d.d. (it is mandatory to mark the appropriate answer):

Individually Collectively - 2 signatories

morrisonally contentively 2 signatures		
Name and surname:		
Date of birth:		
Place of birth:	Country of birth:	
Citizenship (Please list all citizenships):		
Permanent residence (address, post and postal code, country – data from the enclosed personal doc.):		
Temporary residence:		
Tax number:		
Type and number of personal document:		
Issue date of personal document:		
Issuer and validity of personal document:		
I agree that personal data on the data relating to the personal identity document shall be disclosed to the employer and forwarded to the bank.		
Signature of authorized person:		

Disposing with funds on transaction account open at UniCredit Banka Slovenija d.d.

Collectively - 2 cignatories

it is mandatory to mark the appropriate	answer):
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Individually

individually collectively 2 sign	Hatories
Name and surname:	
Date of birth:	
Place of birth:	Country of birth:
Citizenship (Please list all citizenships):	
Permanent residence (address, post and postal code, cou	ntry – data from the enclosed personal doc.):
Temporary residence:	
Tax number:	
Type and number of personal document:	
Issue date of personal document:	
Issuer and validity of personal document:	
I agree that personal data on the data relating to the persona forwarded to the bank.	Il identity document shall be disclosed to the employer and
Signature of authorized person:	

Disposing with funds on transaction account open at UniCredit Banka Slovenija d.d.

(it is mandatory to mark the appropriate answer):

Signature of authorized person:

Collectively - 2 signatories	
Country of birth:	
Citizenship (Please list all citizenships):	
Permanent residence (address, post and postal code, country – data from the enclosed personal doc.):	
I agree that personal data on the data relating to the personal identity document shall be disclosed to the employer and forwarded to the bank.	



Individually

Name and surname:

Date of birth:

Temporary residence:

Citizenship (Please list all citizenships):

Place of birth:

Disposing with funds on transaction account open at UniCredit Banka Slovenija d.d. (it is mandatory to mark the appropriate answer):

Collectively - 2 signatories

Permanent residence (address, post and postal code, country – data from the enclosed personal doc.):

Country of birth:

Tax number:		
Type and number of pers	sonal document:	
Issue date of personal do	ocument:	
Issuer and validity of per	sonal document:	
I agree that personal data on forwarded to the bank.	the data relating to the persona	al identity document shall be disclosed to the employer and
Signature of authorized p	person:	
(it is mandatory to mark	the appropriate answer):	at UniCredit Banka Slovenija d.d.
Individually	Collectively - 2 sig	inatories
Name and surname:		
Date of birth:		
Place of birth:		Country of birth:
Citizenship (Please list all c	citizenships):	
Permanent residence (ad	ddress, post and postal code, cou	untry – data from the enclosed personal doc.):
Temporary residence:		
Tax number:		
Type and number of pers	sonal document:	
Issue date of personal do	ocument:	
Issuer and validity of per	sonal document:	
I agree that personal data on forwarded to the bank.	the data relating to the persona	al identity document shall be disclosed to the employer and
Signature of authorized p	person:	
	LiniCrodit Panic	a Slovenija d.d. Ameriška ulica 2. SI-1000 Liubliana, www.unicredithank.si

Disposing with funds on transaction account open at UniCredit Banka Slovenija d.d. (it is mandatory to mark the appropriate answer):

Collectively - 2 signatories

Individually

<u>'</u>	<u> </u>
Name and surname:	
Date of birth:	
Place of birth:	Country of birth:
Citizenship (Please list all citizenships):	·
Permanent residence (address, post and postal	l code, country – data from the enclosed personal doc.):
Temporary residence:	
Tax number:	
Type and number of personal document:	
Issue date of personal document:	
Issuer and validity of personal document:	
I agree that personal data on the data relating to the forwarded to the bank.	ne personal identity document shall be disclosed to the employer and
Signature of authorized person:	
The authorization issued in:	, on: Stamp ² :
TO BE VERIFIED AND COMPLETED BY THE	BANK:
The Bank employee, who determined and v funds on transaction account:	verified the identity of authorized person for disposing with
(Please, fill in capital letters.)	Signature:
Name and surname:	
In	, on:
² The use of stamp is not mandatory. In case a com	pany decides to use the stamp, it shall use it until cancellation on all the

documents, which represent the operations with the Bank.