

AUTHORIZATION FOR DISPOSING WITH FUNDS ON TRANSACTION

ACCOUNT No.: _____

Please, fill in capital letters.

At identification, please present valid identification document.

Company Name: _____

Tax number: _____

Registration number: _____

The Company is represented by the 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 Collectively - 2 signatories

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:	
Signature of legal representative:	

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

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

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Issuer and validity of personal document:	
Signature of legal representative:	

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.:

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

(it is mandatory to mark the appropriate answer):

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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:	

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Signature of authorized person:	

The authorization issued in: _____, on: _____

Stamp²:

TO BE VERIFIED AND COMPLETED BY THE BANK:

The Bank employee, who determined and verified the identity of authorized person for disposing with funds on transaction account:

(Please, fill in capital letters.)

Signature:

Name and surname: _____

In _____, on: _____

² The use of stamp is not mandatory. In case a company decides to use the stamp, it shall use it until cancellation on all the documents, which represent the operations with the Bank.