

Account Switching Request

I General information

Consumer (Resident)			
Name, surname	<input type="text"/>	Personal identification number	<input type="text"/>
Date of birth	<input type="text"/>		
Identification document (passport/ identity card) No.:	<input type="text"/>	Date of issue	<input type="text"/>
E-mail	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		

Consumer (Non-resident)			
Name, surname	<input type="text"/>	Date of birth	<input type="text"/>
Identification document (passport) No.:	<input type="text"/>	Date of issue	<input type="text"/>
Issuing state	<input type="text"/>		
Issuing authority	<input type="text"/>		
E-mail	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		

II Former account that I wish to close within the account switching service

Account No.	
Account No.	<input type="text"/>
Payment service provider (name of the former payment service provider)	<input type="text"/>

III I wish account switching to be applied to the following service(-es) I use (mark (X) where applicable):

- Regular payment
- E-bill payment service (hereinafter - E-bill)

Service(-s) may be transferred to the New payment service provider under different terms in accordance with the service provision terms and conditions of the New payment service provider.

IV For recurring incoming credit transfers made within the last 13 month to the consumer's payment account:

Recurring incoming credit transfers	
Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>
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Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>
Payer name, surname / business name	<input type="text"/>

V I hereby request the Former payment service provider to transfer any positive balance until _____ (date²) to the new account opened with the New payment service provider and to close the payment account opened with the Former payment service provider, as well as to discontinue provision of the above-mentioned services.

VI I hereby request the New payment service provider to start providing Regular payment and E-bill services as from _____ (date²).

I agree that my personal data, information about my payment account opened with the Former payment service provider, this account transactions, as well as about payment services related to this account, specified in this Account Switching Request, will be provided to the New payment service provider.

I agree that the New payment service provider shall have the right to provide information about myself and the payment account opened with the New payment service provider to the Former payment service provider.

I agree that the New payment service provider starts providing the payment services, which I request to transfer, only after obtaining information related to the service transfer from the Former payment service provider and after signing the agreement on the respective service(-s) provision.

Consumer's signature:	Date:
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² The date as of which the consumer wishes to terminate the service(-s) at the Former payment service provider and as of which the service(-s) at the New payment service provider comes into effect, must be a business day and must begin not earlier than 13 business days after the Account Switching Request submission and Customer identification.