

Account exchange request

I. General information

i. General information			
Consumer (Resident)			
Name, surname	Personal code		
Date of birth			
Identity document (passport / ID card) No.	Date of issue		
E-mail	Phone		
Address			
Consumer (Non-resident)			
Name, surname	Date of birth		
Identity document (passport / ID card) No.	Date of issue		
Issuing country			
Issuing authority			
E-mail	Phone		
Address			
II. The previous account I want to close within the account change service			
Account No.			
A			
Account No.			
Payment service provider			
(The name of transferring			
payment service provider)			
III. I would like the account exchange to be applied to the following serv	ice (-s) (mark with "X" the appropriate):		
For the standing order			
For the e-billing payment services (further – e-billing)			
Service / -s at JSC "LPB Bank" may be carried over by different rules according to the terms of services provided by JSC "LPB Bank".			

Standing order	E-billing Mark with "X" the appropriate.		
Name, surname / company name of the recipient	Personal code / Registration No.		
Account No. of recipient	Amount		
Periodicity	Last executed payment date Payment start date		
Purpose of payment / Payment details for recipient (selection field)			
Identifier (-s) (obligatory field			
in case of e-billing)			
Standing order	E-billing Mark with "X" the appropriate.		
Name, surname / company name of the recipient	Personal code / Registration No.		
Account No. of recipient	Amount		
Periodicity	Last executed payment date Payment start date1		
Purpose of payment / Payment details for recipient (selection field)			
Identifier (-s) (obligatory field			
in case of e-billing)			
Standing order	E-billing Mark with "X" the appropriate.		
Name, surname / company name of the recipient	Personal code / Registration No.		
Account No. of recipient	Amount (
Periodicity	Last executed payment date Payment start date ¹		
Purpose of payment / Payment			
details for recipient (selection field) Identifier (-s) (obligatory field			
in case of e-billing)			
Standing order	E-billing Mark with "X" the appropriate.		
Name, surname / company name of the recipient	Personal code / Registration No.		
Account No. of recipient	Amount		
Periodicity	Last executed Payment payment date start date¹		
Purpose of payment / Payment			
details for recipient (selection field) Identifier (-s) (obligatory field			
in case of e-billing)			
Standing order	E-billing Mark with "X" the appropriate.		
Name, surname / company name of the recipient	Personal code / Registration No.		
Account No. of recipient	Amount C		
Periodicity	Last executed payment date Payment start date ¹		
Purpose of payment / Payment			
details for recipient (selection field) Identifier (-s) (obligatory field			
in case of e-billing)			

¹ The date on wich the consumer wishes to terminate the service (-s) at the transferring payment service provider and in which the service (-s) shall enter into force at JSC "LPB Bank" shall be on a working day and not earlier than 13 working days from the submission of the account exchange request and the customer identification.

IV. Periodically incoming credit transfers made in the consumer's payment account for the previous 13 months

Periodically incoming credit transfers				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
Payer's name, surname / company name				
V. I hereby ask the transferring payment service provider to transfer any positive balance to the new account opened with JSC LPB Bank until				
VI"I hereby ask JSC LPB Bank to provide the standing order and e-billing services starting from (date ²).				
I agree that my personal data in this account exchange request, the data of my payment account opened at the transferring payment service provider, the transactions carried out in this account, and the payment services associated with this account, are provided to JSC "LPB Bank".				
		provider information about me and my payment account opened v	with JSC LPB Bank.	
I agree that the payment services I have asked to transfer, JSC LPB Bank will start to provide only after receipt of information related to transfer of services from the transferring payment service provided and after signing an agreement for provision of the relevant service/-s.				
The Consumer's signature:		Date:		
To be completed by a representative of the Bank, who identifies the Consumer.				
The document has been signed in my presence. I confirm the Consumer's identity and signature.				
(The Bank repr	resentative position, name, surname)	(signature) (d	date)	

² The date on wich the consumer wishes to terminate the service (-s) at the transferring payment service provider and in which the service (-s) shall enter into force at JSC "LPB Bank" shall be on a working day and not earlier than 13 working days from the submission of the account exchange request and the customer identification.