MAGNETIQ BANK

Account exchange request

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.

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 service (-s) (mark with "X" the appropriate):

For the standing order

For the e-billing payment services (further – e-billing)

Service / -s at AS Magnetiq Bank may be carried over by different rules according to the terms of services provided by AS

Magnetiq Bank.

The Consumer's signature

Standing order ☐   E-billing ☐   Mark with "X" the appropriate.

Field	Value
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.

Field	Value
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.

Field	Value
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.

Field	Value
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.

Field	Value
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)	

[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 AS Magnetiq 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.

The Consumer's signature

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 AS Magnetiq Bank until _____ (date²) and to close the payment account opened with the transferring payment service provider, as well as to terminate the services mentioned above.

VI"I hereby ask AS Magnetiq Bank to provide the standing order and e-billing services starting from _____ (date²).

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 AS Magnetiq Bank.

I agree that AS Magnetiq Bank is entitled to provide the transferring payment service provider information about me and my payment account opened with AS Magnetiq Bank.

I agree that the payment services I have asked to transfer, AS Magnetiq 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 representative position, name, surname)

....
(signature)

(date)

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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 AS Magnetiq 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.