



Payment card acceptance - transfer act

Client CIF A

Date Venue

Client
(name, surname / company name)

Personal code (date of birth) / Registration number

CARD RECIPIENT

Client The Client's representative Card holder

Name, surname

Personal code / date of birth Place of birth

Passport / ID card No. Date of issue

Expiry date Issuing country

Issuing authority

Address

Phone + E-mail

Confirmation of the Client

I certify that I am aware of the existence of voice password and regulations.
 I certify that I have received::

Payment card

Additional payment card

Closed envelope with PIN code

The Client / Client's representative <input type="text"/>	<input type="text"/>	<input type="text"/>	
<small>(position)</small>	<small>(name, surname)</small>	<small>(signature)</small>	
Client's representative <input type="text"/>	<input type="text"/>	<input type="text"/>	<small>Seal</small>
<small>(position)</small>	<small>(name, surname)</small>	<small>(signature)</small>	

To be completed by a representative of the Bank, who identifies the Client.

The document has been signed in my presence. I confirm the identity and signature / -s of the Client / Client's representative / -s.

(The Bank representative position, name, surname) (signature) (date)

Bank notes

Department

Payment card / Additional payment card is issued: Client The Client's representative Card holder

Card holder signed on the Payment card in my presence

(remarks) (The Bank representative position, name, surname) (signature) (date)

Department of payment cards

Activated: Payment card Additional payment card

(remarks) (The Bank representative position, name, surname) (signature) (date)