

REQUEST FOR CHANGE OF DATA OR CANCELLATION OF CORPORATE VISA PAYMENT CARD**USER (COMPANY) DATA**

User name: _____

Transaction account number: _____

Registration number: _____

1. CHANGE OF THE USER (COMPANY) DATA

New user name: _____

New short user name on the card: _____ (maximum 21 characters including spaces)

New registered office (address, city): _____

New transaction account number: _____

1.1. CHANGE OF INSURANCE, MONTHLY STATEMENTS AND ELECTRONIC DATA ON MONTHLY SPENDING (change is valid for all card holders)* standard insurance on a card above-standard insurance on a cardWe wish electronic data on monthly spending in E-bank in txt form: Yes NoWe wish paper monthly statements by post**: Yes No

**We charge for paper statements according to the applicable tariff. Electronic statements via E-bank and BusinessNet are free of charge.

*to change only for the individual card holder a new card must be ordered

2. CHANGE OF THE CARD HOLDER'S DATA

Name: _____ Surname: _____

Card number*: _____

*card number must be masked (only the first six and the last four numbers can be visible; example: 498529 XX XXXX 0000)

Only changed data shall be entered**2.1. CHANGE OF THE CARD HOLDER'S PERSONAL DATA**Name (new): _____ Surname (new): _____
(maximum 21 characters including spaces)Mobile phone no.*: (____) ____ - ____
*mandatory for online shopping (3-D Secure)

Phone no.: _____

E-mail: _____

Type of personal identity document: _____

Number of personal identity document: _____

Issuer of personal identity document: _____

Validity date of personal identity document: ____-____-____

Signature of card holder: _____

2.2. CHANGE OF MONTHLY OVERDRAFT ON THE CARD:

Increase/decrease of card monthly overdraft permanently to: _____

Increase/decrease of card monthly overdraft temporarily to: _____ until: _____

(in case of transfer to the card account limit applies until the next direct debit)

2.3. CREATION OF NEW CARD

Reason for creation of new card:

 damaged chip card removed in ATM change of name and surname damaged plastic stolen card other card lost abused card change of short user name on the card: _____ (maximum 21 characters including spaces)**2.4. ORDERING OF NEW PIN** PIN forgotten PIN not received**2.5. CARD CANCELLATION** immediately, card attached immediately, card not attached

Place and date: _____, ____-____-____

Name, surname and signature of user's legal representative / authorized person
and User's stamp

FILLED IN BY THE BANK**TEMPORARY CARD BLOCKADE / ACTIVATION OF CARD**

- Temporary blockade
 Activation of temporarily blocked card

Place and date: _____, ____-____-____

Name, surname and signature of bank's authorized person**Filled in by the back office of the bank:**

Change of card overdraft for company: _____

Change of charging: _____

Card account no.: _____

Registration no.: _____