

AUTHORIZATION FORM

I the undersigned, _____ (name and last name)
with Citizen's Personal Identification Number _____ and SB ID number _____,
proxy of the legal entity _____,
with Unique Tax Number (EDB) _____ and SB ID _____,
I hereby authorize _____ (name and last name)
with Citizen's Personal Identification Number (EMBG) _____
on behalf and for the account of the legal entity I represent, to retrieve as follows:

1. Username, password
2. Digital certificate

(Please circle the one that applies)

By signing the present Authorization Form, I hereby confirm that I am aware and that I understand that the certificate and the username and password may provide access to all accounts, products and assets owned by the legal entity above I hereby represent, maintained at Stopanska Banka AD-Skopje. More specifically, I understand that the holder of the certificate and the username and password, can simultaneously get access to the accounts belonging to the legal entity above, and to dispose freely of the assets on those accounts.

In addition, by signing the present Authorization Form I confirm and agree that Stopanska Banka AD – Skopje shall not be held responsible and shall not bear any material or criminal liability for any potential damages that might arise from above stated.

Authorizer

Date and place

(full name and last name and signature for the purpose of
adequate authentication of the authorizer against client's file)

Received and checked at Stopanska Banka AD – Skopje (SB):

Employee (name, last name and signature)



STOPANSKA BANKA AD - SKOPJE
member of NBG group

On your side