



СТОПАНСКА БАНКА АД - СКОПЈЕ  
членка на NBG групацијата

11 Oktomvri 7, 1000 Skopje, Republic of North Macedonia, Tel. 02 3295-295, Fax 02 3114-503,  
SWIFT CODE: STOB MK 2X, EMБС 4065549 email: [sbank@stb.com.mk](mailto:sbank@stb.com.mk), <http://www.stb.com.mk>

**APPLICATION FORM FOR OPENING / CHANGE OF PAYMENT  
ACCOUNT AND AUTHORIZED SIGNATORIES OF THE LEGAL ENTITY**

|                          |                       |                 |
|--------------------------|-----------------------|-----------------|
| <b>I. Client data</b>    |                       |                 |
| <b>Legal entity name</b> |                       |                 |
| <b>Abbreviated name</b>  |                       |                 |
| <b>TIN</b>               | <b>URN</b>            |                 |
| <b>ID number</b>         | <b>Account number</b> | <b>Currency</b> |

|  |  |
|--|--|
| <b>II. Registration Form of authorized signatories</b>                                       |  |
| <b>The following authorized signatories may dispose of the funds on the payment account:</b> |  |
| Name   |  |
| Date and place of birth  |  |
| PIN and ID card number   |  |
| Address  |  |
| Authorized person position   |  |
| Manner of signing<br>Individually or collectively  |  |
| Signature  |  |
| Name   |  |
| Date and place of birth  |  |
| PIN and ID card number   |  |
| Address  |  |
| Authorized person position   |  |
| Manner of signing<br>Individually or collectively  |  |
| Signature  |  |
| Name   |  |
| Date and place of birth  |  |
| PIN and ID card number   |  |
| Address  |  |
| Authorized person position   |  |
| Manner of signing<br>Individually or collectively  |  |
| Signature  |  |

This request is submitted after prior acceptance of the General Terms and Conditions for Operating a Payment Account for participation in the payment system of Stopanska Bank AD-Skopje.

The Applicant warrants for the accuracy of the data in the Application Form.

Address data should always be updated for timely notification and submission of documentation.

**SB officer**

\_\_\_\_\_

**Responsible person of the branch**

\_\_\_\_\_

**Name of the legal representative of the entity**

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Stamp** \_\_\_\_\_