



TO  
KOMERCIJALNA BANKA AD  
SKOPJE

Independent Domestic Payment  
Operations Department

### REQUEST FOR TRANSCRIPT OF ORDER FORM

THE LEGAL ENTITY \_\_\_\_\_,  
CLIENT OF THE BANK, WITH TRANSACTION ACCOUNT NUMBER \_\_\_\_\_  
NEEDS TO BE ISSUED A TRANSCRIPT OF THE ORDER FORM PP\_\_\_ PROCESSED ON  
\_\_\_\_\_, IN THE AMOUNT OF \_\_\_\_\_ DENARS.

AUTHORIZED PERSON

SKOPJE \_\_\_\_\_ YEAR

\_\_\_\_\_  
(Seal and signature)