



komercijalna banka ad skopje

(Name of the legal entity)

Skopje, _____

No. _____

Subject: Request

**TO
KOMERCIJALNA BANKA AD SKOPJE
Independent Domestic Payment
Operations Department**

Name of the legal entity																			
Transaction account number	3	0	0																

We hereby request to be issued the following documents:

- | | |
|--------------------------------------------------------------------------------|----------------------------|
| 1. Duplicate of the bearer's card | _____
(number of cards) |
| 2. Transcript of the bearer's lost or stolen card | _____
(number of cards) |
| 3. Statement of transaction account and liquidity (IS form) | |
| 4. Statement of transaction account by days for the period from _____ to _____ | |
| 5. Transcript of document _____ | |

The Account Holder shall authorize the Bank to charge fees for the service from the funds available on its account.

Authorized person

(name and surname)

(seal and signature)

Note: The Applicant should round the number of the document the Request is submitted for.

KBS 7/1100