



komercijalna banka ad skopje

TO
KOMERCIJALNA BANKA AD
SKOPJE

Independent Domestic Payment
Operations Department

REQUEST FOR TRANSCRIPT OF ORDER FORM

THE PAYER _____,
WITH PERSONAL REGISTRATION NUMBER _____ NEEDS TO BE ISSUED
A TRANSCRIPT OF THE ORDER FORM PP__ PROCESSED BY THE BANK ON _____, IN
THE AMOUNT OF _____ DENARS IN FAVOUR OF THE TRANSACTION ACCOUNT
_____.

SUBMITTED BY

SKOPJE _____ YEAR
