

REQUEST FORM TO USE ELECTRONIC BANKING SERVICE RAIFFEISEN
CONNECT/OFF-LINE, WEB AND SMS

1. To be completed by the Bank

Clients account number (s):

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2. To be completed by the client

**Data on legal entity/individual
entrepreneur**

Company:

Registration number:

Tax number:

Address:

City:

Telephone number:

Fax number:

E-mail:

**Personal data of representative/individual
entrepreneur**

Name and Surname:

Personal ID/passport number:

Birth Date:

Permanent residence

Address:

City:

Telephone:

Mobile Phone:

E-mail:

Smart Card:

- Authorised person doesn't have certificate on Smart Card yet
- Authorised person already has certificate on smart card, (No of certificate): _____

For each below listed application and authorisations, please select YES or NO.

I would like to use Raiffeisen CONNECT (off-line) service application

YES NO

If YES, I would like:

Raiffeisen CONNECT (single-user version) YES

Raiffeisen CONNECT (multi-user version) YES

I would like to use Raiffeisen CONNECT /Web based (on-line) service application

YES NO

AUTHORISATION FOR SELECTED ACCOUNT in off-line and Web

Domestic Payments:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Preparation of payment orders (data entry) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Preparation of batches | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Signing of payment orders | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Data sending | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Reviewing | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Administration | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Signing category: FIRST SECOND THIRD FOURTH

International Payments:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Preparation of payment orders (data entry) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Preparation of batches | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Signing of payment orders | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Data sending | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Reviewing | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Administration | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Signing category: FIRST SECOND THIRD FOURTH

I would like to use SMS service application YES NO

Account number for receiving/sending SMS :

Account number:	_____	_____	_____
Balance at request:	_____	_____	_____
Time alarm:	__ <i>i</i> __ <i>i</i> __	__ <i>i</i> __ <i>i</i> __	__ <i>i</i> __ <i>i</i> __
Balance below the amount of:	_____	_____	_____
Balance above the amount of:	_____	_____	_____
Outflow higher than amount:	_____	_____	_____
Inflow higher than amount:	_____	_____	_____

I guarantee with signature below that all information's are true and, I agree and accept general terms and condition of Raiffeisen CONNECT service.

Signature of the applicant:

Date:

Signature of legal representative (in case of companies account)

Date:

To be completed by the bank

Verified by:

Name and Surname:

Signature:

Date:

Verified by E-banking Admin :

Name and Surname:

Signature:

Date:

**AUTHORISATION TO USE ELECTRONIC BANKING SERVICE Raiffeisen
CONNECT/Off-line, Web and SMS**

1. To be completed by the Bank

Clients account number (s):

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2. To be completed by the client

Personal data of authorised person

First name and Surname name:

Personal ID/passport number:

Birth Date:

Permanent residence

Address:

City:

Telephone:

Mobile Phone:

E-mail:

Smart Card:

- Authorised person doesn't have certificate on Smart Card yet
- Authorised person already has certificate on smart card, No of certificate: _____

For each below listed application and authorisations, please select YES or NO.

I would like to use application based service (off-line)

YES NO

If YES, I would like:

- Hal E-Bank/Personal (single-user ver.) YES
- Hal E-Bank/Corporate (multi-user ver.) YES

I would like to use Web based (on-line) service application

YES NO

AUTHORISATION FOR SELECTED ACCOUNT in off-line and Web

Domestic Payments:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Preparation of payment orders (data entry) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Preparation of batches | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Signing of payment orders | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Data sending | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Reviewing | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Administration | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Signing category: FIRST SECOND THIRD FOURTH

International Payments:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Preparation of payment orders (data entry) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Preparation of batches | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Signing of payment orders | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Data sending | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Reviewing | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Administration | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Signing category: FIRST SECOND THIRD FOURTH

I guarantee with signature below that all information's are true and, I agree and accept the general terms and condition of Raiffeisen CONNECT service.

Signature of the applicant: _____ Date: _____

Signature of legal representative (if it is the company's account): _____ Date: _____

To be completed by Bank:

Verified by:
Name and Surname:

Signature: _____ Date: _____

Verified by E-banking Admin:
Name and Surname:

Signature: _____ Date: _____