

NEW PARTNER REGISTRATION QUESTIONNAIRE

PLEASE FILL OUT THE FORM IN BLOCK CAPITALS

Payer (name of your company):	
Currency:	
Beneficiary's account number (IBAN - obligatory in the EU):	
Beneficiary's account name, address (street, city, country):	
Beneficiary's bank, address (name, city, country):	
SWIFT (BIC) / codes:	
Correspondent bank:	
Note:	



In case of further questions, please call our helpline: +420 498 777 770

Date: _____

Signature: _____

