

**REQUEST  
for cancelling of service eBanking**

Data on legal entity:

Name of legal entity \_\_\_\_\_  
Registration number \_\_\_\_\_  
Tax number \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Reason for cancelling of service:

1. account cancellation
2. insufficient functionality of service
3. other reason: \_\_\_\_\_

It is hereby confirmed that the client returned the following equipment issued by the Bank:

S/N	Name	Serial number
1.	Smart card	
2.	Smart card	
3.	Smart card	
4.	Smart card reader	
5.	Smart card reader	
6.	Smart card reader	

**Filled by the representative of legal entity**

Applicant

Signature of Applicant

Place and date

STAMP

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**Filled by the Bank Officer**

Name of sub-branch

Organization Unit

Signature of Bank officer

Place and date

STAMP

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