

REQUEST FOR CHANGE OF DATA OF LEGAL ENTITY

Bank OU: _____ Place: _____ OU code:

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Podaci o klijentu

Client name: _____
Seat and address: _____
Registration number:

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 Tel.no./fax no: _____
Tax no:

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 E-mail: _____

Changed data

1.	
2.	
3.	
4.	
5.	

Enclosed documents

1.	
2.	
3.	
4.	
5.	

Place and date:

Stamp

Signature of representative / plenipotentiary

Signature of Bank employee