Annex 2

**A P P L I C A T I O N**

**FOR CONNECTION TO THE NBS CLEARING SYSTEM**

**APPLICANT**

|  |  |
| --- | --- |
| **Business name:** |  |
| **Head office and address:** |  |
| **Identification number:** |  |
| **TIN:** |  |
| **Phone number:** |  |
| **Business Identifier Code** **(BIC):** |  |

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

stamp and signature of legal representative