

Application to arrange the OTP SoftPOS terminal

Please, fill in the Application electronically and use word spacing. We appreciate your effort!

Information about the contractual partner

Name of the legal entity:

Address of the company's registered office (street and city):

Company registration No:

Taxpayer ID No.:

Activity code:

Website:

Represented by:

Function:

Account number (IBAN) in OTP banka d.d.:

Information about the application user*

telephone:

mobile phone:

e-mail address:

E-mail address to which transaction summaries and statements are to be received

e-mail address:

Type of goods/service sold:

Expected turnover at an annual level: EUR

By signing this Application to arrange the OTP SoftPOS terminal, I hereby declare:

- that I am familiar with the General Terms and Conditions for the provision of payment services for non-consumers, the General Terms and Conditions for additional obligations in business with merchants using EFTPOS, SoftPOS terminals and other devices at points of sale and the Decision on pricing for non-consumers, and I confirm and accept them with my signature.

The principles and rules of personal data processing are regulated by the Bank's data protection policy, which is available on the Bank's website www.otpbanka.hr, as well as in all branches of the Bank upon request of the respondent.

Furthermore, detailed information about data collection, as well as the information about the collection of data not collected directly from respondents are available on the Bank's website, as well as in all branches of the Bank.

The Application shall be signed on behalf and for the account of the applicant by the person authorised to represent the legal entity.

Full name:

Taxpayer ID No:

Place and date: , . .

Authorised person's signature

To be filled in by the Bank

By signing this Application OTP banka d.d. undertakes to keep the personal data of the Contractual Partner confidential and to dispose of them in accordance with relevant statutory regulations on personal data confidentiality and the provisions hereof.

Location of the Bank's employee:

Full name of the Bank's employee:

Place and date: , . .

Authorised person's signature