

BANK ACCOUNT VERIFICATION QUESTIONNAIRE

PLEASE FILL OUT THE FORM IN BLOCK CAPITALS

Beneficiary (client of AKCENTA CZ):

DETAILS OF THE PAYER (PARTNER WHO IS GOING TO SEND PAYMENTS TO YOUR IPA)

Payer:

Payer's address (country):

DETAILS OF PAYER'S BANK (BANK OF YOUR BUSINESS PARTNER)

Payer's bank:

Payer's bank address (country):

Currency:



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

On the basis of the completed form we will issue a Bank connection for payments from abroad. This bank connection is only intended for the payer, bank and currency specified on this form. For each additional business partner or another bank and currency of this partner a new form is required to be filled.

The given information will be used for easier identification of incoming payments. This information is considered confidential and will not be used for purposes other than the purposes stated above.

Thank you for your cooperation.

