

Authorisation Form for Account Transfer Service

Receiving Institution: _____

Transferring Institution (Transfer Account): _____

1. Client Identification (Account Holder)

Full name: _____

Account number: _____

Civil Identification Number: _____ / Tax ID Number: _____

Address: _____

Phone: _____ / Email: _____

Signature(s): _____

2. Identification of the Relevant Accounts

Transfer Account (IBAN): _____

Destination Account (IBAN): _____

3. Task List for the Account Transfer Service (Client Authorisation)

Select the tasks you authorise the receiving institution to perform on your behalf:

- i) Proceed with the transfer of the remaining balance from the transfer account to the destination account on the following date: _____
- ii) Request the transferring institution to close the transfer account on the following date: _____

4. Information on Timeframes and Conditions

The dates indicated in this form may not be earlier than thirteen (13) business days calculated from the date of the account transfer request.

If no date is specified, the execution date shall be deemed to be the thirteenth (13th) business day following the request.

5. Service Fees

The account change service is provided free of charge.

The service is subject to charges. Applicable costs:

- Balance transfer: _____ €
- Account closure: _____ €
- Submission of authorisations: _____ €

6. Declaration and Consent

I hereby declare that I authorise the receiving institution to carry out the tasks indicated in this form and that I understand the applicable conditions.

Place and date: _____

Signature(s): _____

7. Information and Communication to the Client

The institution undertakes to:

- Perform all tasks within the statutory time limits;
- Communicate, in a durable medium, any reasons that prevent the completion of the service;
- Provide a copy of this authorisation to the consumer and to all account holders of the relevant account.

8. Internal Record (To be completed by the Bank)

Date of receipt of the request: _____

Number of the internal process: _____

Relationship Manager: _____

Estimated date of completion: _____

Additional remarks: _____