



APPLICATION FOR OPENING A JOINT ACCOUNT

Branch

(Please, read the Instructions for filling out the Application, which can be found on the last page. Please, fill out the form legibly or in capital letters, for which we thank you in advance! The fields marked in the form with "*", are mandatory. A foreign I.D. document must be described under number of the document, and the issuing authority, the country of the issuing authority, the date of issue and the end date of validity of the I.D. document to be indicated. Foreign individuals shall indicate date and place of birth.)

I. Depositors (under number 1-st to be filled out the depositor to whom the written statements of the accounts will be sent, if such instructions are given)

We would like to open the following type of joint account:

- Standard saving account;
 Saving account „Multifactor deposit“;
 Saving account „At a bargain“;
 Saving account „More“;
 Current account.

 Type of currency: BGN EUR USD CHF GBP
I.1. Depositor information

First name, Middle name, Last name*	<input type="text"/>		
Mailing address*	<input type="text"/>		
Personal Number*	<input type="text"/>	I.D. document*	<input type="text"/>
Phone*	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

I.2. Depositor information

First name, Middle name, Last name*	<input type="text"/>		
Mailing address*	<input type="text"/>		
Personal Number*	<input type="text"/>	I.D. document*	<input type="text"/>
Phone*	<input type="text"/>	Fax No:	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

I.3. Depositor information

First name, Middle name, Last name*	<input type="text"/>		
Mailing address*	<input type="text"/>		
Personal Number*	<input type="text"/>	I.D. document*	<input type="text"/>
Phone*	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

I.4. Depositor information

First name, Middle name, Last name*	<input type="text"/>		
Mailing address*	<input type="text"/>		
Personal Number*	<input type="text"/>	I.D. document*	<input type="text"/>
Phone*	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

I.5. Depositor information			
First name, Middle name, Last name*	<input type="text"/>		
Mailing address*	<input type="text"/>		
Personal Number*	<input type="text"/>	I.D. document*	<input type="text"/>
Phone*	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

Depositors' handwritten name and signature:

1. 4.
 2. 5.
 3.

Date:

II. Operations with the funds on the account – the Depositors shall perform operations with the funds on this account always jointly, in person or under the conditions of authorization under Section III.

III. AUTHORIZATION

With the signing of this application, on the grounds of Art. 5, para. 2, item 3 of Ordinance No. 3 of 16 July 2009 on the Terms and Procedure for the Execution of Payment Transactions and Use of Payment Instruments, all Depositors in their capacity as authorizing party shall authorize each of the Depositors in their capacity as proxies with the following rights:

- to perform operations with the whole deposited amount without limitation, having the right to withdraw, deposit additional amounts, transfer amounts from the joint account, as well as to receive interests at the end of the interest period, as well as to perform in an unlimited amount all actions of disposal which he/she deems appropriate;
- to sign new agreements for a joint account to the account opened with this Application between the same Depositors.

Handwritten full names and signatures of the Depositors / Proxies:

Depositor 1/ Proxy 1 under section I: Name of the employee certifying the signatures:

Depositor 2/ Proxy 2 under section I: Position of the employee certifying the signatures:

Depositor 3/ Proxy 3 under section I: Signature of the employee certifying the signatures:

Depositor 4/ Proxy 4 under section I:

Depositor 5/ Proxy 5 under section I:

Date: **IV. DECLARATIONS**

With the signing of this Application, the undersigned Depositors, each on his/her own behalf: hereby declare the truthfulness of the data specified by me in the Application and authorize the Bank to check them at any time, to use them for marketing purposes, as well as to collect from my accounts its respective rights. With the signing of this Application I declare that I am familiar with the General Terms and Conditions for Opening, Servicing and Closing of Bank Accounts of Individuals and for Providing of Payment Services and Instruments, and with the Tariff of UniCredit Bulbank AD, which are an integral part of this Application and I accept that they will be applied in the settlement of the rights and obligations between the Bank and me. The changes in them or the acceptance of new General Terms and Conditions and/or Tariff shall be binding for me from the date of their entering into effect, and I shall be deemed informed by their announcement in the generally accessible premises of the Bank and on the website www.unicreditbulbank.bg.

I give my explicit, absolute and irrevocable consent for UniCredit Bulbank AD to collect, process and keep my personal data in connection with the signing of agreements for all kinds of bank accounts and providing of payment services, including for direct marketing, promotions of new banking products and services, as well as for inquiry into customer satisfaction in accordance with the applicable legislation.

I agree and explicitly authorize UniCredit Bulbank AD to provide my personal data for the purposes of inquiry into customer satisfaction to other controllers. I am informed that I have the right to access my personal data kept by other parties – personal data controllers, and I have the right to request a change and updating of my personal data in accordance with the provisions of Chapter Five of the Personal Data Protection Act. I give this consent as a result of my free will and I am aware that it is subject to the Personal Data Protection Act, especially Art. 4, para. 1, item 2, Art. 19 and Art. 36a and 36b of the same act, and I am informed that I have the right to refuse to give this consent, in which case my request for providing the service I request might not be granted.

Date of accepting the customer's application:

Signature.....

Name of the employee that accepted and checked the application: Phone number of employee: Date of registration of the account in the Bank's system:

Signature.....

Name of the employee:

Customer number

SPECIMEN OF THE SIGNATURES

Specimen of the signatures of the DEPOSITORS

No	DEPOSITOR (Full name, PN/Personal number of foreigner/Passport information for foreigners)	
1AH.	Signature as on the I.D.document:	Handwritten full name as per the I.D.document:
No	DEPOSITOR (Full name, PN/Personal number of foreigner/Passport information for foreigners)	
2AH.	Signature as on the I.D.document:	Handwritten full name as per the I.D.document:
No	DEPOSITOR (Full name, PN/Personal number of foreigner/Passport information for foreigners)	
3AH.	Signature as on the I.D.document:	Handwritten full name as per the I.D.document:
No	DEPOSITOR (Full name, PN/Personal number of foreigner/Passport information for foreigners)	
4AH.	Signature as on the I.D.document:	Handwritten full name as per the I.D.document:
No	DEPOSITOR (Full name, PN/Personal number of foreigner/Passport information for foreigners)	
5AH.	Signature as on the I.D.document:	Handwritten full name as per the I.D.document:

Depositors' handwritten name and signature:	
1.	
2.	
3.	
4.	
5.	
Date: <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	