



DECLARATION - COMMUNICATION FORM

Client – full title/ full name

Client's representative: full name (this field shall be completed in case of a client – legal entity)

Unified Identification Code (UIC)/BULSTAT/PIN (Personal Identification Number) / PFN (Personal Foreigner's Number)

--	--	--	--	--	--	--	--	--	--

Registered Seat and Address of Management /Permanent address of the natural person

Town	<input type="text"/>
Street	<input type="text"/>

Correspondence address

Town	<input type="text"/>
Street	<input type="text"/>

Mobile
Phone

Main inclusive of Terms of Providing eLeasing/eBroker products and services

e-mail address	<input type="text"/>
-------------------	----------------------

Alternative means for receiving correspondence, information and documents:

(Please, check one of the enlisted means of communication)

- I would like deactivation of the access to eLeasing/eBroker products and services
- I would like reactivation of the access to eLeasing/eBroker products and services
- I would like to refuse receiving hard copies of documents*
- I would like to receive documents by

and I hereby agree to pay a fee in accordance to the Tariff of Fees and Commissions of UniCredit Leasing EAD

* The opportunity to refuse receiving hard copies of documents shall not cover the mandatory hard copy provided as required by the effective legislation.

In case of any change in the information provided hereby I am assigned the obligation to timely inform the company by providing a new declaration. Otherwise I agree that information sent to me be deemed as duly received.

Place, date

Names of representative/natural person

Signature and stamp

Name and signature of employee accepting the hereby declaration: _____

Note: