

(Please use black ink and CAPITAL letters when filling out the form)

Bank of Origin / Transmitting Bank

Bank:	<input type="text"/>
IBAN:	<input type="text" value="PT50"/>

Destination Bank / Receiving Bank

Bank:	<input type="text" value="Bison Bank, S.A."/>
IBAN:	<input type="text" value="PT500063"/>

Identification of the Parties involved

1° Account Holder	
Full Name:	<input type="text"/>
Document Type:	<input type="checkbox"/> CC <input type="checkbox"/> ID <input type="checkbox"/> Passport Other <input type="text"/>
Document n°:	<input type="text"/> <input type="text"/> TIN: <input type="text"/>

2° Account Holder	
Full Name:	<input type="text"/>
Document Type:	<input type="checkbox"/> CC <input type="checkbox"/> ID <input type="checkbox"/> Passport Other <input type="text"/>
Document n°:	<input type="text"/> <input type="text"/> TIN: <input type="text"/>

3° Account Holder	
Full Name:	<input type="text"/>
Document Type:	<input type="checkbox"/> CC <input type="checkbox"/> ID <input type="checkbox"/> Passport Outro
Document n°:	<input type="text"/> <input type="text"/> TIN: <input type="text"/>

To the payment service provider – Sender

Dear Sir/Mrs/Miss,

I hereby request that information be sent regarding all services associated with the account opened with the Transferring Bank relating to: (i) active direct debit collections; (ii) active standing transfer orders; (iii) recurring credit transfers in my favour over the last 13 months; and (iv) recurring direct debits that have been executed on my account over the last 13 months, and that it be sent to the following email address: servico.mudanca.conta@bisonbank.com. Please cancel the standing orders and stop accepting credit transfers and direct debits for the transactions indicated in the attached list, with effect from the date indicated:

Sincerely,

The account holder(s)

To Bison Bank, S.A. (Payment Service Provider - Receiver)

Dear Sir/Mrs/Miss,

I hereby authorise, in accordance with the information in the attached list and once the above information has been received, the payment services listed therein to be established in the account identified above, with effect from the following date:

Sincerely,

The account holder(s)

(1) Bearing in mind that the Account Transfer Service presupposes the maintenance of the existing account ownership at the Originating/Transmitting Bank in the account to be opened at the Destination/Receiving Bank, the Account Transfer Request form must be identified and signed by all existing account holders at the Originating/Transmitting Bank. The original of this form will be filed at the Destination Bank/Receiving Bank, and a copy of the form will be sent by email to the Originating Bank/Transferring Bank.

Signatures

1st holder's signature	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">(Customer signature as per identification document)</p>
2nd holder's signature	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">(Customer signature as per identification document)</p>
3rd holder's signature	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">(Customer signature as per identification document)</p>

Validation
Date: ____/____/____
Employee Name:
Signature: _____