

Attachment to the application for making the ING BusinessOnLine system available / the ING BusinessOnLine system modification

Special beneficiaries list

Special beneficiary – the limits defined for acceptance schemes in section C of the application **do not apply** for orders being sent to special beneficiaries' accounts

CLIENT NUMBER (filled in by the Bank)										
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Hereby, the Client applies for registering following counterparties (together with accounts numbers) at the special beneficiaries list:

Type of beneficiary	<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Foreign
Beneficiary's short name				Surname*
Name / Company name				
Address	City/town		Postcode	Country
	Street		House number	Apartment number
Beneficiary's account number				
Bank name				
Beneficiary's bank BIC code **				
Bank location - town**				
Bank location - country**				

Type of beneficiary	<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Foreign
Beneficiary's short name				Surname*
Name / Company name				
Address	City/town		Postcode	Country
	Street		House number	Apartment number
Beneficiary's account number				
Bank name				
Beneficiary's bank BIC code **				
Bank location - town**				
Bank location - country**				

Type of beneficiary	<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Foreign
Beneficiary's short name				Surname*
Name / Company name				
Address	City/town		Postcode	Country
	Street		House number	Apartment number
Beneficiary's account number				

Bank name	
Beneficiary's bank BIC code **	
Bank location - town**	
Bank location - country**	

Type of beneficiary	<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Foreign
Beneficiary's short name			Surname*	
Name / Company name				
Address	City/town		Postcode	Country
	Street		House number	Apartment number
Beneficiary's account number				
Bank name				
Beneficiary's bank BIC code **				
Bank location - town**				
Bank location - country**				

Type of beneficiary	<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Foreign
Beneficiary's short name			Surname*	
Name / Company name				
Address	City/town		Postcode	Country
	Street		House number	Apartment number
Beneficiary's account number				
Bank name				
Beneficiary's bank BIC code **				
Bank location - town**				
Bank location - country**				

* If the beneficiary is a legal person, please leave this field empty.
 ** Fill in this field only if the beneficiary is a foreign person or company.

Stamp and signatures of the persons duly authorized to make declarations of will on behalf of the Client		Signatures of Bank representatives	
Date		Date	

Filled in by the Bank	
Hereby, I confirm that the signatures conform with the Signature Specimen Card /RUK:	DATE: