## REQEUST FOR COMPLAINT REGARDING DENIED DOMESTIC PAYMENT TRANSACTION

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| --- | --- |
| **Applicant** | |
| Name / Name and surname |  |
| Address |  |
| Current account number |  |
| Company ID / Personal no. |  |
| TIN |  |
| E-mail |  |
| Contact phone |  |

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| **Description of the request** | | |
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| **Attachments** | | |
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|  | | |
| **By signing this document I confirm the authenticity of all data contained in it** | | |
|  | Seal (optional) |  |
| Place and date | Signature of the applicant |
|  |  |

*The request is submitted to competent branch of Banca Intesa ad Beograd.*