

“DSBC FINANCIAL EUROPE” UAB ACCOUNT MAINTENANCE FORM

Kindly fill out the form below and return to the “DSBC Financial Europe” UAB Office via rmail, fax, email, or in-person to our office: Lvovo str.25, Mažoji bure, 15th floor, LT-09320, Vilnius, Lithuania.

Please select whether you are a personal customer or a corporate customer and input your information in the corresponding section below.

PERSONAL CUSTOMER DETAILS	
Full Name of Client	
Name of Account Holder	
Passport No./ ID No.	
Address	
“DSBC FINANCIAL EUROPE” UAB ACCOUNT NUMBER	

CORPORATE CUSTOMER DETAILS	
Corporate’s Name	Corporate’s Legal/ Registered Name
Physical Street Address	Legal/ Registered Address
Contact Name at this Address	Contact Name at this Address
Phone Number +	Company Number
Registration Number (if any)	Website Address (Required for E-commerce corporates)
“DSBC FINANCIAL EUROPE” UAB ACCOUNT NUMBER	

Apply for:		
Resetting my/our password	<input type="checkbox"/>	Find detail information in the section below
Temporarily suspending my/our DSBCnet Account	<input type="checkbox"/>	
Unsuspending my/our DSBCnet Account	<input type="checkbox"/>	
Adding Account to Access	<input type="checkbox"/>	
Deleting Account from Access	<input type="checkbox"/>	
Deactivating Two-Factor Authentication (2FA Method)	<input type="checkbox"/>	

Sign to Confirm _____

***Kindly fill in the detailed information below if you apply for that option(s).**

Resetting my/our new password	
Your email or phone number that you want to receive new OTP for activating the new password	<input type="checkbox"/> Email: _____ <input type="checkbox"/> Mobile phone number: (+_____) - _____

Temporarily suspending my/our DSBCnet Account	
Account Number	
Name of Account Holder	
Specify the time for deactivation	

Unsuspending my/our DSBCnet Account	
Account Number	
Name of Account Holder	
Specify the time for re-activation and unsuspension	

Adding Account to Access	
Account Number	
Name of Account Holder	
Specify the time for adding the account to access	

Deleting Account From Access	
Account Number	
Name of Account Holder	
Specify the time for deleting the account from access	

Deactivating Two-Factor Authentication (2FA Method)	
Account Number	
Name of Account Holder	
Specify the time for deactivation	

Customer Declaration
I confirm that the information given above is correct and complete and authorize “DSBC Financial Europe” UAB to confirm the details from any sources it may choose. I have read and understood the Terms and Conditions and agree to be governed by them.

Signature of the Account Holder
Full name:
Date: ____/____/____

FOR "DSBC FINANCIAL EUROPE" UAB USE ONLY

Authorized by:		Proceeded by:	
Date:	/ /	Date:	/ /

Signature	Signature
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