Nordea

Nordea Bank Polska Spółka Akcyjna

..... Branch/BSP* in .....

....., date ☐☐-☐☐-☐☐☐☐
place

APPLICATION
FOR THE JOINING OF THE NORDEA BENEFIT PROGRAM

☐ **Nordea Benefit** ☐ **Individual Application**

☐ **Start-up Package** ☐ **Common Application (household)**

To be filled in block capitals either by entering appropriate data or by putting a cross (X) in the appropriate box.

ADULT CUSTOMERS

1. Full name .....
PESEL identification No. ☐☐☐☐☐☐☐☐☐☐☐ Customer ID** .....
☐ I join the program ☐ I withdraw from the program

To be filled if this is a Common Application

2. Full name .....
PESEL identification No. ☐☐☐☐☐☐☐☐☐☐☐ Customer ID** .....
☐ I join the program ☐ I withdraw from the program

UNDERAGE CUSTOMERS *(only as members of the household in the common application form)*

1. Full name .....
PESEL identification No. ☐☐☐☐☐☐☐☐☐☐☐ Customer ID** .....
☐ I join the program ☐ I withdraw from the program

2. Full name .....
PESEL identification No. ☐☐☐☐☐☐☐☐☐☐☐ Customer ID** .....
☐ I join the program ☐ I withdraw from the program

3. Full name .....
PESEL identification No. ☐☐☐☐☐☐☐☐☐☐☐ Customer ID** .....
☐ I join the program ☐ I withdraw from the program

4. Full name .....
PESEL identification No. ☐☐☐☐☐☐☐☐☐☐☐ Customer ID** .....
☐ I join the program ☐ I withdraw from the program

I, the undersigned, hereby confirm that I have received and read the conditions of the Nordea Benefit Program Regulations and I accept them.

.....
Customer's signature

To be signed by adult customers only

.....
Customer's signature

Comments by the Bank

.....
Bank stamp and signature by a bank officer

The completed application is to be submitted with the Branch managing your account.

* *delete where not applicable*
** *to be filled in by the Bank*