



APPLICATION

FOR THE SUBMISSION OF DAMAGED OR MUTILATED BANKNOTES OR COINS FOR EXAMINATION

FIRST NAME AND SURNAME/COMPANY NAME

date

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NATIONAL IDENTIFICATION NO./REGISTRY CODE

DOCUMENT NAME AND NUMBER

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ID CARD

PASSPORT

DRIVER'S LICENSE

ADDRESS

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TELEPHONE

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BANKNOTES/COINS SUBMITTED FOR EXAMINATION

NO.	BANKNOTES/COINS (NOMINAL VALUE)	SERIAL NUMBER	NUMBER OF BANKNOTES/COINS	AMOUNT

THE TOTAL AMOUNT IN WHICH DAMAGED/MUTILATED BANKNOTES/COINS ARE SUBMITTED (in numbers and words)

DESCRIPTION OF THE SCOPE OF AND REASONS FOR DAMAGE TO/MUTILATION OF BANKNOTES/COINS

Documents (if such exist) confirming that the missing parts of the banknotes were destroyed if up to 50% of a banknote is submitted

PURSUANT TO THE RESULT OF THE EXAMINATION, THE AMOUNT IS TO BE PAID INTO THE FOLLOWING

BANK ACCOUNT

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NOTIFICATION OF THE RESULT OF THE EXAMINATION:

BY TELEPHONE

BY MAIL

BY E-MAIL

NO NOTIFICATION

e-mail address

APPLICATION SUBMITTED BY (first name, surname, signature)

THE EXAMINATION OF CASH IS GENERALLY CARRIED OUT WITHIN 1 (ONE) MONTH

APPLICATION ACCEPTED BY (name, signature)