

Application to open a deposit account

Fill in the form on your computer or write clearly.

Sign by hand with blue ink and submit it in the original. Attach a certified copy of a certified identification document of the authorized signatory and a registration certificate that verifies the authorized signatory.

Send to:
PRV
Box 5055
102 42 Stockholm

1. Company

Company name	Organization/registration number	Ev. deposit account number
Email address – There PRV can send billing statements and balance statements		

2. Contact person for the deposit account

Name	
Email address	Phone number

3. Address

Postal address	Postal code	Postal town / country
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5. Signature

Postal town	Date
Signature of authorized signatory	Name clarification
Signature of authorized signatory	Name clarification