Приложение № 3 к Договору об электронном обмене документами в системе «Банк-Клиент»

**В ООО «Экспобанк»**

филиал, ДО/ОО \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Заявление НА ПОДКЛЮЧЕНИЕ УВЕДОМЛЕНИЙ**

От \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(указать ИНН, полное наименование юридического лица/ полное ФИО индивидуального предпринимателя)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **В рамках Договора об электронном обмене документами в системе «Банк-Клиент» просим осущестлять уведомления по следующему(им) телефону(ам) / электронному(ым) адресу(ам) сотрудника(ов):**  **Внимание!**  **Указываются только сотрудники организации, имеющие право электронной подписи документов** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | 1) ФИО Сотрудника организации |  |   Отметить нужное:  🞎 Прошу установить возможность дополнительного пароля на вход в Систему «Банк-Клиент» (При входе в Систему «Банк-Клиент» идентифицируется не только ключ электронной подписи, но дополнительно разовый пароль, высланный на мобильный телефон)  🞎 Уведомлять при входе в Систему «Банк-Клиент»  🞎 Уведомлять об отправке платежей в Банк  🞎 Уведомлять об исполнении платежей  🞎 Всегда оповещать данного сотрудника   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Мобильный телефон** | +7 |  |  |  |  |  |  |  |  |  |  | | **E-mail** |  | | | | | | | | | | |  |  |  | | --- | --- | | 2) ФИО Сотрудника организации |  |   Отметить нужное:  🞎 Прошу установить возможность дополнительного пароля на вход в Систему «Банк-Клиент» (При входе в Систему «Банк-Клиент» идентифицируется не только ключ электронной подписи, но дополнительно разовый пароль, высланный на мобильный телефон)  🞎 Уведомлять при входе в Систему «Банк-Клиент»  🞎 Уведомлять об отправке платежей в Банк  🞎 Уведомлять об исполнении платежей  🞎 Всегда оповещать данного сотрудника   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Мобильный телефон** | +7 |  |  |  |  |  |  |  |  |  |  | | **E-mail** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2** |  | **РУКОВОДИТЕЛЬ организации** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Разрешаю Банку в одностороннем порядке принимать дополнительные меры обеспечения безопасности и надлежащего обслуживания в Системе «Банк-Клиент». С Тарифами за предоставление услуги ознакомлен и согласен. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ФИО:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | Подпись | | | | | | | | Печать | |
| **Дата подачи заявления** | | |  |  |  |  |  |  |  |  | |  |  | Г. |
| **СЕКЦИЯ ЗАПОЛНЯЕТСЯ СОТРУДНИКОМ БАНКА** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Заявление зарегистрировано в Банке | | | | | | | | | | | Дата | | | | |  |  |  |  |  | | |  |  |  |  |  | Г. | |  |
| ФИО:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | Подпись | | | | | | | | |

Appendix No 3 to Agreement on Electronic   
Document Interchange in Bank-Client System

**To Expobank LLC**

Branch, AО/CО \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR CONNECTION OF NOTIFICATIONS**

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(specify INN (taxpayer’s identification number), full name of legal entity/full name of individual entrepreneur )*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **WITHIN THE AGREEMENT ON ELECTRONIC DOCUMENT INTERCHANGE IN BANK-CLIENT SYSTEM WE ASK YOU TO NOTIFY US ON THE FOLLOWING TELEPHONE(S) NUMBER/E-MAIL(S) OF THE EMPLOYEES :**  **Attention!**  **Please specify only those employees who have electronic signature authority with respect to documents** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | 1) Full name of the employee |  |   Please select as applicable:  🞎 I ask you to install an option of an additional password to log on to the Bank-Client System (When logging in the Bank-Client System, not only the electronic signature key shall be identified, but an additional one-time password shall be sent to the mobile phone)  🞎 Notify upon logging in the Bank-Client System  🞎 Notify of sending payments to the Bank  🞎 Notify of execution of payments  🞎 Always notify this employee   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Mobile phone** | +7 |  |  |  |  |  |  |  |  |  |  | | **E-mail** |  | | | | | | | | | | |  |  |  | | --- | --- | | 2) Full name of the employee |  |   Please select as applicable:  🞎 I ask you to install an option of an additional password to log on to the Bank-Client System (When logging in the Bank-Client System, not only the electronic signature key shall be identified, but an additional one-time password shall be sent to the mobile phone)  🞎 Notify upon logging in the Bank-Client System  🞎 Notify of sending payments to the Bank  🞎 Notify of execution of payments  🞎 Always notify this employee   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Mobile phone** | +7 |  |  |  |  |  |  |  |  |  |  | | **E-mail** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2** |  | **CEO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby allow the Bank to unilaterally apply additional measures to ensure safety and due servicing via the Bank-Client System. I have read and agree with the service Tariffs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | Signature | | | | | | | | Seal | |
| **Date of application** | | |  |  |  |  |  |  |  |  | |  |  | . |
| **THIS SECTION TO BE FILLED OUT BY THE BANK’S SPECIALIST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Application has been registered with the Bank | | | | | | | | | | | Date | | | | |  |  |  |  |  | | |  |  |  |  |  | . | |  |
| Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | Signature | | | | | | | | |