

**PAYMENT ACCOUNT TRANSFER REQUEST  
BY VIRTUE OF SECTION III, CHAPTER 6 OF THE PAYMENT  
SERVICES AND PAYMENT SYSTEMS ACT /PSPSA/**

The undersigned: ....., PIN.....,

ID Card No. .... issued on ..... by ..... client No. ....,

Address....., tel. ...., e-mail .....

Account with BACB AD, where I would like the transfer to be made: .....

I hereby declare that by virtue of the provisions of Section III, Chapter 4a of the PSPSA I allow Bulgarian American Credit Bank AD /BACB AD/ as the Accepting Payment Service Provider to carry out the activities, set out in the PSPSA with respect to the transfer of:

Payment account in my name, IBAN ....., currency .....,  
with the Transferring Payment Service Provider .....,  
as follows:

1. I allow BACB AD, as the Accepting Provider to request from the Transferring Provider to carry out the activities, specified below, and I allow the Transferring Provider to carry out the respective activities within the legally established period of time:

1.1.  to provide BACB AD with a list of the existing regular payment orders and the information, available for the active direct debit consents.

1.2.  to provide BACB AD with the available information, regarding the inbound regular credit transfers and direct debit consents, kept by the recipient, made to my payment account in the previous 13 months.

1.3.  to discontinue the acceptance of direct debits and inbound credit transfers on the date, specified below, if the Transferring Provider does not have a system for automated forwarding of any inbound credit transfers and direct debits to my payment accounts with BACB AD, specified above.

1.4.  to discontinue the performance of the regular payment orders as of the date, specified below.

1.5.  to transfer the positive balance, if any, to my payment account with BACB AD indicated above, on the date, specified below.

1.6.  to close the payment account of which he is in charge on the date, specified below.

I would like the date for performance of the activities, specified in para. 1.3, 1.4, 1.5 and 1.6 to be: .....

I would like to receive a copy of the information provided, as per para. 1.1 and 1.2 above.

2. After receiving the information, specified in para. 1 above from the Transferring Provider, I allow BACB AD as the Accepting Provider, to carry out the activities, set out below, within the legally established period of time:

2.1.  to prepare regular payment orders on my behalf, based on the information, obtained from the Transferring Provider, regarding the contents of the active regular payment orders and to commence executing such orders, immediately after their preparation.

2.2.  to carry out all necessary preparations for the acceptance of direct debit payments (as notified by the Transferring Provider) and to commence accepting such payments immediately after that.

2.3.  to notify any and all payers, making inbound regular credit payments to my payment account with the Transferring Provider, of the details of my payment account with BACB AD and to provide them with a copy of this Request.

2.4.  to notify any and all beneficiaries of direct debit payments from my payment account with the Transferring Provider of the details of my payment account with BACB AD and of the date, after which they are to make the direct debit payments from that account, and to provide them with a copy of this Request.

I hereby declare that I shall provide the information under para. 2.3 and 2.4 above personally.

3. I hereby declare that:

I am fully aware that my account with the Transferring Provider shall not be transferred to BACB AD, if there are any active liabilities, related to my account with the Transferring Provider.

I acknowledge that the information, regarding the payment operations constitutes bank secret, within the meaning of the Credit Institutions Act and I give my consent to the disclosing of such information by the Transferring Provider to BACB AD.

I agree that my personal data, available to BACB AD and the Transferring Provider may be exchanged between the said parties, for the purposes of transferring my payment account, mentioned above, currently opened with the Transferring Provider.

Client Name and Signature: .....

Data: .....

Employee, accepting the Request /CSS/: .....

Data: .....

Employee, processing the Request /BOP/: .....

Data: .....