ActivoBank
by Millennium

Banking Mobility Services

Must be signed in duplicate by each of the account´s holders. One of the originals must be given to the client and the other must be filed at ActivoBank. A copy of the document must be sent by email to the home bank.

FIELD A
Home Bank

Bank _____

IBAN |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

FIELD B
ActivoBank, S.A.

IBAN |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

PARTICIPANTS

1st Holder

Full name _____

Identification Doc. ◯ Electronic DNI/ I.D ◯ Passport ◯ Other

Nº |_____| TIN |_____|

2nd Holder

Full name _____

Identification Doc. ◯ Electronic DNI/ I.D ◯ Passport ◯ Other

Nº |_____| TIN |_____|

3rd Holder

Full name _____

Identification Doc. ◯ Electronic DNI/ I.D ◯ Passport ◯ Other

Nº |_____| TIN |_____|

To the Home Bank

Distinguished gentlemen,
I hereby request that a list (the "List") with all the payment services associated with the account open at (Home Bank) will be prepared, identified on FIELD A, regarding: (i) billings by direct debit; and (ii) permanent transfer orders; and that the same List will be sent to ActivoBank. Once the List is sent I would appreciate that all permanent transfer orders are canceled, with effect from (1) _____

Best regards,
The holder(s) of the account identified in FIELD A

To ActivoBank

Distinguished gentlemen,
I hereby authorize that once the List, mentioned above, is received, you establish in the account identified on FIELD B the payment services present on that same List, with effect from (2) _____

Best regards,
The holder(s) of the account identified in FIELD A and FIELD B

(1st Holder signature
as indicated in the identification document)
_____

(2nd Holder signature
as indicated in the identification document)
_____

(3rd Holder signature
as indicated in the identification document)
_____

Date |__|__| - |__|__| - |__|__|__|__|

(1) This date cannot be inferior to 13 working days starting on the date when the mobility request is signed.
(2) This date cannot be inferior to 13 working days starting on the date when the mobility request is signed and must coincide with the date that will be reported to the Home Bank for cancellation of permanent transfer orders.

BANCO ACTIVOBANK, S.A., com sede na Rua Augusta, 84 Lisboa, com o Capital Social de 127.600.000 euros, matriculado na Conservatória do Registo Comercial de Lisboa, com o número único de matrícula e de identificação fiscal 500 734 305. Tel.: +351 210 030 700. Sítio: www.activobank.pt Instituição de Crédito inscrita no registo especial no Banco de Portugal sob o nº 23. Intermediário Financeiro inscrito no registo da Comissão do Mercado de Valores Mobiliários sob o nº 116. Mediador de Seguros Ligado nº 207074592 - Data de Registo: 26/06/2007. Autorização para mediação de seguros dos ramos vida e não vida dos seguradores Ocidental – Companhia Portuguesa de Seguros de Vida, S.A., Ocidental - Companhia Portuguesa de Seguros, S.A. e Médis - Companhia Portuguesa de Saúde, S.A. e ainda com a PensõesGere – Sociedade Gestora de Fundos de Pensões, S.A. e e Skandia Link, S.A. de Seguros y Reaseguros. Informações e outros detalhes do registo disponíveis em www.isp.pt

Mod. 10901315-EN 08/2021