

# Demand Deposit - Legal Persons

(Specific Conditions/Signature Sheet)

## TYPE OF SHEET (\*)

Opening Sheet:       Replacement Sheet:       Additional Sheet:

## ACCOUNT IDENTIFICATION (\*)

Branch: \_\_\_\_\_

Cost Centre:       Account nr.:

Plan:       Type:       Currency:

## COMPANY IDENTIFICATION (\*)

Corporate Name: \_\_\_\_\_

Legal Person Tax Id. Nr.:

Address: \_\_\_\_\_

Post code:  -       Place: \_\_\_\_\_

Country: \_\_\_\_\_

## NAME AND POSITION OF THE PEOPLE AUTHORISED TO USE THE ACCOUNT (\*)

Name: \_\_\_\_\_

Taxpayer nr.:

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Taxpayer nr.:

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Taxpayer nr.:

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Taxpayer nr.:

Position: \_\_\_\_\_

## DISPATCH OR PROVISION OF BANKING DOCUMENTS (\*)

Digital:    Yes (I)        Send to following email: \_\_\_\_\_

No       (The Documents will be sent by postal mail)

Provision and consultation of Internet Channel

## CONDITIONS FOR USING THE ACCOUNT (\*)

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

## STATEMENT (\*)

I(We) hereby declare that I(we) wish to open a demand deposit account under the terms and conditions described in the General Conditions for Demand Deposits, in the Specific Conditions/Signature Sheet and in the Standardised Information Form, which I(we) read and accept.

(Stamp and signature in the capacity of person binding the Company)

**Date**

A	A	A	A	M	M	D	D
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## Abonação das assinaturas

conferi os elementos de identificação por exibição do(s) documento(s) acima referido(s)

Assinatura do(s) Procurador(es) do Banco

(\*) Mandatory information  
 (I) When opening an account, if you choose to do so online, you must fill in the field "Send to this e-mail address:"

# Demand Deposit - Legal Persons

(Specific Conditions/Signature Sheet)



## SIGNATURES SHEET (\*)

	Name: _____  Identification Doc.: N.º: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of the Customer	Tipo: ID Card <input type="checkbox"/> Citizen Card: <input type="checkbox"/> Passport: <input type="checkbox"/>  Capacity: _____
Signature of the Customer	

	Name: _____  Identification Doc.: N.º: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of the Customer	Tipo: ID Card <input type="checkbox"/> Citizen Card: <input type="checkbox"/> Passport: <input type="checkbox"/>  Capacity: _____
Signature of the Customer	

	Name: _____  Identification Doc.: N.º: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of the Customer	Tipo: ID Card <input type="checkbox"/> Citizen Card: <input type="checkbox"/> Passport: <input type="checkbox"/>  Capacity: _____
Signature of the Customer	

	Name: _____  Identification Doc.: N.º: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of the Customer	Tipo: ID Card <input type="checkbox"/> Citizen Card: <input type="checkbox"/> Passport: <input type="checkbox"/>  Capacity: _____
Signature of the Customer	

(\*) Mandatory information