

## Payment modalities for traceability of financial flows

The undersigned \_\_\_\_\_  
birth-date \_\_\_\_\_  
place of residence \_\_\_\_\_  
in his capacity of legal representative of the Company \_\_\_\_\_  
VAT n.ro \_\_\_\_\_

### declares

that the payment must be done on the following bank or postal account dedicated to the financial transactions concerning works, services and provision of public orders

### BANK ACCOUNT DETAILS :

Bank Name .....  
Bank Address .....  
Swift .....  
Bank account .....  
Iban code .....

### PERSONAL DETAILS OF THE PERSONS APPOINTED TO ACT ON IT:

Name..... Surname .....  
Place of birth ..... Date of birth.....  
Charge (ex. President, Director, Associate ) .....  
  
Name..... Surname.....  
Place of birth ..... Date of birth.....  
Charge (ex. President, Director, Associate ).....

The undersigned moreover undertakes to communicate possible variations regarding the above information.

Signature <sup>2</sup>

Date <sup>1</sup>.....

<sup>1</sup> Insert the date of subscribing of the declaration

<sup>2</sup> A copy of a current I.D. (identity document) of the subscriber must be enclosed in this declaration