

Application to issue a communication key

(hereinafter referred to as the „Application“)

Identification of the applicant (payment institution/bank/other provider of payment services)

Business name/name of the
payment institution/bank: _____

Address of registered office: _____

Company No.: _____

Represented by branch of a foreign payment institution - natural person

Name and surname: _____ Function: _____

Address of permanent residence: _____

Name and surname: _____ Function: _____

Address of permanent residence: _____

Scope of business activities

- ☐ Providing payment initiation services
- ☐ Providing payment account information services
- ☐ Providing payment Instrument Issuer Service

Authorization to provide payment services

Granted on: _____

Name of the entity that granted the authorization: _____

Valid until: _____

Mandatory contact information

E-mail address (address for important communication): _____

E-mail address for sending the Communication Key: _____

Telephone number for sending ZIP password*: _____

Mandatory information for issuing of Communication Key:

URI for redirecting: _____
Name of application: _____
Web page of application: _____
Application description: _____

I hereby ask Slovenská sporiteľňa, a.s., having its registered office at Tomášikova 48, 832 37 Bratislava, Company No. 00 151 653, registered in the Commercial Register of the District Court in Bratislava I, Section Sa, Insert No.601/B (hereinafter referred to as the "**Bank**") to issue a communication key for purposes of:

- a) identification for each provision of payment initiation service or Bank account information service; or
- b) authentication for each application to issue a confirmation that the amount necessary to execute the payment transaction associated with the payment card is available on the payer's payment account maintained with the Bank; and
- c) secure communication with the Bank and with the payment service user. I undertake to use this communication key only for above mentioned purposes.

I agree that the Bank, upon acceptance of Application, shall deliver the communication key to the e-mail address determined for delivery thereof provided for in Application, bearing in mind that e-mail message containing the communication key shall be secured by encryption, whereas for encryption of e-mail message I will use zip password sent by bank

I hereby request the Bank to also for issuing and sending zip password to telephone number specified in Application which shall serve to decrypt an e-mail message containing this communication key, delivered by the Bank to the e-mail address which I specified in Application (hereinafter referred to as the "**Communication Key**").

I declare that I am aware of the fact that when using the Communication Key I am obliged to observe the following security principles:

- a) to take all reasonable steps to ensure the protection of Communication Key and protect it with increased care from loss, misappropriation, and misuse;
- b) to keep Communication Key in a safe place that is not accessible to unauthorized persons;
- c) not to allow the use of Communication Key by a third person (Communication Key is non-transferable);
- d) not to use the cancelled or void Communication Key;
- e) to provide all electronic and communication means through which I use Communication Key with an antivirus protection;
- g) if Communication Key is lost, misappropriated or misused, or if I suspect that Communication Key may be misused by an unauthorized person, I am obliged to immediately notify the Bank thereof and ask the Bank to issue a new communication key.

I acknowledge that the Bank is entitled to cancel or invalidate Communication Key and thereby refuse me an access to payment accounts of payment service users maintained by the Bank, namely:

due to objective and demonstrable reasons relating to unauthorized access or fraudulent access to a payment account, including unauthorized incentives or fraudulent inducements to execute a payment transaction,

in the event that the Bank becomes aware that I am not longer entitled being provided with the payment services specified in Application; or

upon request for refusal to access a payment account of a payment service user who is a client of the Bank and for whom the Bank maintains a payment account, delivered to the Bank, upon which access to such client's payment account or payment accounts will be denied.

I declare that all of the information provided by me in Application is complete and true, and acknowledge that the Bank is authorized to verify the completeness of such data and harmony with data mentioned in the attachments or with relevant data from external sources and subsequently to issue to me Communication Key within 30 calendar days of the date of receipt of the full and complete Application by the Bank. If Application is not proper and complete, the Bank is entitled to request the completion of missing data or the submission of an explanation to the data specified in Application; furthermore I declare that I will comply with this request of the Bank within 5 business days, taking aware of the fact that this number of days extends the deadline for issuing Communication Key mentioned above.

Annexes to Application:

- 1. original of officially certified copy of the extract from the commercial or other register,
- 2. original or officially certified copy of the power of attoreny of the person authorized to act on behalf of the applicant, unless such authorization results from the extract from the commerical or other register,
- 3. copy of the authorization to provide pamynet services granted by the competent authority

In _____ on _____

Name, surname, title, function
of the person authorized to act on
behalf of the applicant

Name, surname, title, function
of the person authorized to act on
behalf of the applicant