

Payment with non-recurrent authorisation securities – registration form

Customer (Account holder)					
Enterprise No.: *					
Name: *		Adress 1: * (adressee or department)			
Adress 2: * (street/postal/a dress)		Postcode and city:			
Country: *		Telephone: *			
Contact person:		e-mail: *			
Oppdragskonto:					
This agreement concerns					
Payment with non-recurrent authorisation, securities transactions		Agreement ID:			
Payment with non-recurrent authorisation, securities transactions creditor paid (payee must cover all fees)		Agreement ID:			
2. Limit					
Limit per transaction*:					NOK
*Max amount is 5 million (if th	s field is blank, 5 million will be re	corded as the upper li	mit)		
Default description or	account statement (max 30 pos	s)			
4. Change of account					
Old account No.:		Agreement ID:			
New account No :		Valid from (date):			

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5. Data sender								
Distributor ID: (The data	dispatcher that t	transfers th	e file to MF	PS, i.e. via C	Online Bank).			
Customer ID in MPS:								
Receipt for registered transmissions:								
e-mail (Only applies to banking)	e-mail (Only applies to customers via Online king)			Customer portal mailbox SFTP				
Name:				e-mail:				
(For additional information, please use the field for remarks on the last page)								
6. Recipient of transaction data								
Name and address must Customer.	only be filled in if	different f	rom field 1.		MPS custon	ner unit ID:		
Name:				Address:				
Telephone:		(If any of		are neede	d, please speci	fy in the field	for con	nments on the
7. Allocation of transaction data to a period								
Return of approved tr	ansactions			Retur	n of rejected tr	ansactions		
Daily:	Or:							
Morning settlement	Middle set	tlement 3	Weekday	(s) 1-5				
Middle settlement 2	Final settle	Day (s) of month 1-31						
If not specified above, entry data will be sent once per day (final settlement)								
8. E-mail recepient	for receipt lists							
If Name and address is di	fferent from fiel	d 1. Custom	ner, please	use the cor	nments field.			
MPS customer unit ID:	mor unit ID:			The list will be e- mailed to: (Joint e- mail address of payee)				
9. Comments field								
NOTE! Always refers to the field that the comment is related to.								
10. Contacts								
The software supplier:						Telephone:		
E-mail:								
The bank:						Telephone:		

E-mail:					
11. Signatures - Account holder has read and accepted agreement terms and conditions					
Date/place		Date/place			
Customer signature		Bank signature			
		Signature in capital letters			