_____

name, surname

_____

ID code / passport No.

_____

address, phone No.

VP apskaitos skyriui
AB Šiaulių bankas
Tilžės str.149,
LT-76348 Šiauliai
Lithuania

dividendai@sb.lt

REQUEST

20___ -____ -____

Please transfer dividends of AB Invalda INVL to my personal account:

account No.

bank_____

_____

name, surname

signed with a qualified electronic signature