

Request for Payment Return

Applicant (client):

Name
Name and surname¹⁾
Address
Payer's account no. Phoneno.
kept by VÚB, a. s., Prague Branch

For²⁾:

I hereby request the return of the following payment:

Payment identification details:

Payer's BBAN/bank code	Payee's BBAN/bank code	
Amount	Currency:	
Date of payment:		
V-symbol	K-symbol	S-symbol
Payer's reference:		
Accounting operation no. ³⁾		

Reason for payment return⁴⁾

- Incorrect amount
- Incorrect account
- Reason not specified

I hereby declare on my honour that, by processing this payment, I incurred material damage which I/we will recover if it is not returned.

Information on the request

If the payment is not returned to you within 14 days from the submission of this request and you are not able to identify the Payee, you may request in writing the provision of the Payee's identification details in order to identify the Payee.

Furthermore, your request must contain the following statement:

"I declare on my honour that the Payee's identification details used for the execution of the payment are necessary to recover the incurred unjust enrichment and will be used exclusively for this purpose. I acknowledge that this data constitutes banking secrecy pursuant to the Act on Banks and that its unauthorised disclosure may have criminal consequences. As a result of the error, which was not caused by the Bank, I have suffered material damage by executing a payment transaction to the benefit of the Payee's account."

This service is subject to a charge according to the VÚB, a. s. Price List.

Date

Client's signature⁵⁾

- (1) To be filled in by the Client – natural person
- (2) Please, indicate the name of the Payee's bank
- (3) To be filled in by the Bank staff
- (4) To be filled in by the Client; maximum 105 characters which the Bank may transfer to the Payee/Payee's bank, if needed
- (5) According to the Client's specimen signature for the account