*Приложение №15*

*К Регламенту оказания услуг на финансовых рынках*

 *ПАО «Бест Эффортс Банк»*

Кому:

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**Заявление**

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| От имени Заявителя  |
|       |  |  |  |       |
| Должность  |  | Подпись  |  | Ф.И.О. |
| действующий на основании | М.П. |
|      Дата      Отметка о регистрации Заявления (заполняется сотрудником Банка)Зарегистрировано « «\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_г.Номер Договора об оказании услуг  |