FINANCIAL IDENTIFICATION

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

BANKING DETAILS ①

ACCOUNT NAME ②	DELTAMED SRL
IBAN/ACCOUNT NUMBER ③	RO29RZBR0000060010077007
CURRENCY	RON
BIC/SWIFT CODE	RZBRROBU
BRANCH CODE ④	
BANK NAME	RAIFFEISEN BANK SA

ADDRESS OF BANK BRANCH

STREET & NUMBER	CLADIREA DE BIROURI FCC, CALEA FLOREASCA , 246 D
TOWN/CITY	SECTOR 1, BUCURESTI
POSTCODE	014476
COUNTRY	ROMANIA

ACCOUNT HOLDER'S DATA
AS DECLARED TO THE BANK

ACCOUNT HOLDER	DELTAMED SRL
STREET & NUMBER	STR. MUNCII, NR.33-37
TOWN/CITY	GILAU
POSTCODE	407310
COUNTRY	ROMANIA

REMARK

BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE ⑤

Raiffeisen BANK

DATE (Obligatory)
3/03/2026

SIGNATURE OF ACCOUNT HOLDER (Obligatory)

① Enter the final bank data and not the data of the intermediary bank.

② This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.

③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established

④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.

⑤ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are ALWAYS mandatory.