



Client's details

Name, surname/Name ¹	E-mail address
National identification No. or date of birth / Registration No.	Telephone No.
Correspondence address	

CLAIM

REGARDING _____

_____ Date

Please send the reply:

- By e-mail
- Via the Internet Bank (AB Artea bankas)
- To the correspondence address

List of attached documents:

1.

2.

I am informed that all information about the processing of my data is contained in the *Privacy Policy of Artea Bank Group Companies*, which is publicly available on the website of Artea Bank Group companies at <https://www.artea.lt/en/about/important-documents/privacy-policy>

Name, surname	Signature
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INFORMATION OF ARTEA BANK GROUP COMPANIES (TO BE FILLED IN ONLY BY AN EMPLOYEE OF THE GROUP COMPANIES)

Name and surname of the employee accepting the document
Signature
Date

¹ **Note.** If an authorised representative acts on behalf of the Client, the authorisation document must be attached to the inquiry form.