

\_\_\_\_\_  
(Client's name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Client's ID number)

**R E Q U E S T  
FOR CASH PAYOUT  
from the CBCG Treasury of the Central Bank of Montenegro**

1. Request no.  as of

2. Payout date

3. Persons authorised for cash receipt

3.1. Name and Surname	Personal Identification Number	ID number
<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2. Name and Surname	Personal Identification Number	ID number
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Client to receive the cash

5. Total to be paid out

6.

Contact person	<input type="text"/>
Phone no.	<input type="text"/>
Fax no.	<input type="text"/>

Signature  
of the responsible  
person of the Client  
(sealed)