

**Statement**

*for assessing the needs of disabled clients' regarding the provision of services and the nature of such*

Undersigned ..... (company name) (seat at: ....., number of registration: ..... ; (the „Client”) hereby declare that in accordance with the Section 4 (a) of Act XXVI of 1998 on Disabled Persons' Rights and Equal Opportunities\* is represented by a person with

*(type of disability)* .....

.....  
.....

who would like to access

*(type of financial services)* .....

.....  
.....

and

*(necessary instruments/assistance for accessing financial services)*

.....  
.....  
.....

is/are necessary for such purpose.

In .....

.....

\* This statement should be completed only if you are represented by a natural person who is regarded as a disabled person based on the Section 4 (a) of Act XXVI of 1998 on Disabled Persons' Rights and Equal Opportunities.