

FINANCIAL IDENTIFICATION

ACCOUNT HOLDER

| | | | | | | | | | | | | | | | | | |
|----------------|----------------------------|--|--|--|--|------------|--|--|--|--|-------------|--|--|--|--|-------------|--|
| NAME | UL BIOTECHNICAL FACULTY | | | | | | | | | | | | | | | | |
| ADDRESS | JAMNI KARJEVA 101 | | | | | | | | | | | | | | | | |
| TOWN/CITY | LJUBLJANA | | | | | | | | | | POSTCODE | | | | | 1000 | |
| COUNTRY | SLOVENIA | | | | | VAT NUMBER | | | | | SI 94761795 | | | | | | |
| CONTACT PERSON | MILENA PROSEN | | | | | | | | | | | | | | | | |
| TELEPHONE | 38612565487 | | | | | | | | | | FAX | | | | | 38612565782 | |
| E-MAIL | MILENA.PROSEN@BF.UNI.LJ.SI | | | | | | | | | | | | | | | | |

BANK

| | | | | | | | | | | | | | | | | | |
|----------------|---------------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|------|--|
| BANK NAME | BANKA SLOVENIJE | | | | | | | | | | | | | | | | |
| BRANCH ADDRESS | SLOVENSKA 35 | | | | | | | | | | | | | | | | |
| TOWN/CITY | LJUBLJANA | | | | | | | | | | POSTCODE | | | | | 1505 | |
| COUNTRY | SLOVENIA | | | | | | | | | | | | | | | | |
| ACCOUNT NUMBER | 01100-6030707410 | | | | | | | | | | | | | | | | |
| IBAN | SI56011006030707410 | | | | | | | | | | | | | | | | |
| SWIFT CODE: | BSLJS12X | | | | | | | | | | | | | | | | |

REMARKS :

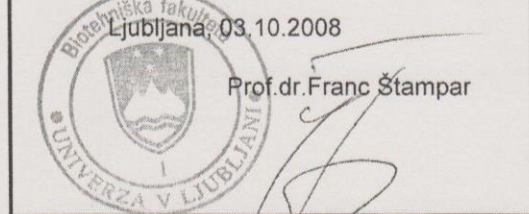
BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE

(Both Obligatory)(1)



DATE + SIGNATURE ACCOUNT HOLDER :

(Obligatory)



(1) The bank stamp and signature of its representative are not required if this form is accompanied by a copy of a bank statement. The signature of the account holder is obligatory in all cases.