


Change Address or Representation Form Handwritten Signature

Signature Section:Signature:  _____

Date: 02/08/2021 _____

Signatory's Name: Tilen Terčelj Schweizer _____

Signatory's Position: Individual _____

Signatory's Phone Number: +38651380252 _____

NOTE: When this textform is scanned and attached as an image file within the electronic form, upload ONLY the signature page. No declaration is required.

The signatory has confirmed that he/she is either: (1) the owner/holder; or (2) a person or persons with legal authority to bind the owner/holder.

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