



	SUPPLEMENT 2 to A	Agreement	on Credit	Card I	ssuanc	e and	Use				
- contracting UNIQA insuranc	e policy and mDIREKT ser	vices for Card	Users								
Basic Agreement and	Client Information										
Client's Name on Card¹											
Client's PIN			Internal II) ²							
Agreement No.		Supplem	nent chang	je³:	YES	NC)				
Card User's Data and co	ontracted service –	filled and si	igned by t	he au	thorise	d pers	on of t	he Cl	ient		
Name and surname on (Card										
User's PIN			Internal I	D							
For the above Card User	r, I wish to contract:	UNIQ	A insuran	ce poli	icy ⁴	n	nDIRE	(T Cre	dit Ca	rds (SM	S) ⁵
Signature/s of the authori	•										
Card User's Statements –	filled and signed by th	ne above priv	rate individ	dual							
UNIQA Card User Insurance By signing this Supplement, insured person (compensationabroad, death in accident).	I, hereby, agree that RB/										elling
By signing this Supplement, General Information of Insu (UOKK-1/2023), that I am far requirements and that I acc personal information require policy agreement.	rance Intermediary, and miliar with the contents cept the rights and oblig	I the terms ar thereof, that ations thereu	nd condition the selected nder. I am c	s of the d insurc ware tl	e UNIQA I ance prod hat the E	Bank Cre duct cor Bank wil	edit Car respon I forwa	d User ds to n d to th	Insura ny need ne Insur	nce Policy Is and er all my	y
Further, I confirm that Raiffe in the capacity of both the i commission, to which I give	nsurance policy contrac	tor and the in	surance int								
RBA mDIREKT Credit Card	s (SMS)										
By signing this Suppleme	nt, I, hereby, wish to c	ontract the	mDIREKT (Credit C	Cards se	rvice (r	eceivir	ng an S	SMS) to	the mo	bile
phone no.	, which s	service provi	ides delive	ry of SI	MS cont	aining	inform	ation	of eve	ry trans	ac-
tion made with my Credit	t Card, in real time, an	nd an overvie	ew of bala	nce of	the app	roved l	imit fo	r ever	y card		
Statement on forwarding By signing this Supplement as well as information on t the police station conducti	t, I, hereby, agree that RE the credit card and the d	BA, in case of slisputed trans	suspected r sactions ma	nisuse d de with	of my can the resp	rd, can f bective	orward card, to	l my pe the Po	ersonal olice De	informat partmen	tion, t, or
Date of Supplement			_								
Client's name according to rec Every internal ID information i In case of changes to the Supp	is filled by the Bank.		oformation a	re requir	Signat						Carc

In case or cnanges to the Supplement, the Basic Agreement and Client Information are required, as follows: No. of the valid Agreement on Credit Card Issuance and Use, Date of Supplement, Supplement Change, Client's Name, Client's PIN, and all data that are changed by the respective Supplement Change. In case of a private individual ceasing to be the Card User, the Bank will terminate the Unique insurance policy or the mDirekt service automatically.

4 The authorised person of the Client defines the possibility of contracting UNIQA insurance policy for a particular Card User previously defined in Supplement 1, and the Card User accepts it by signing this Supplement. Card User Insurance terms and conditions (UOKK) are available on the Bank's web site www.rba.hr.

⁵ The authorised person of the Client defines the possibility of contracting the mDirekt service for a particular Card User previously defined in Supplement 1, and the Card User fills the appropriate mobile phone number and accepts it by signing this Supplement.