

**Request for the conclusion of a basic account contract**

(§ 33 of the Payment Accounts Act)

Application received on \_\_\_\_\_ (Date)

\_\_\_\_\_ (Credit institution stamp)

\_\_\_\_\_ (Employee signature)

**1. Application:**

**I hereby request the conclusion of a basic account agreement.**

The basic account is to be kept as a seizure protection account (§ 850k of the Code of Civil Procedure). I assure you that I do not currently have a seizure protection account.

**2. Information about me:**

Ms./Mr.: \_\_\_\_\_  
(First name(s) and last name)

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Address:

Street and number: \_\_\_\_\_

Postal code and city: \_\_\_\_\_

**3. Information about the intended use of my basic account:**

I intend to pay mainly for cash deposits and withdrawals as well as for payments (e.g. by bank transfer)

Use the counter at a branch of my account-holding bank. [not available]

Online banking, telephone banking, ATMs, self-service terminals or similar.

Note: The amount of costs and fees incurred for your basic account may depend on which of the two variants you are primarily using. For more information , please contact your account-holding bank.

**4. Notes on the basic account:**

a) You are not required to purchase additional services to open a basic account. An additional service is, for example, if you are given the opportunity to overdraw the account.

b) According to the Payment Accounts Act, you are not entitled to conclude a basic account contract if you use your basic account predominantly for commercial purposes or for a full-time self-employed activity.

**5. Information on any additional payment accounts that may exist**

The following information is required to verify that you are authorized to open a basic account.

I do not have a payment account (e.g. current account) in Germany.

I already have a payment account (e.g. current account) in Germany.

If you already have a payment account in Germany, please provide the following information, if applicable to you. If you have more than one payment account, please provide the relevant information on an additional sheet.

I have this payment account with: \_\_\_\_\_  
*(Name of the account-holding institution)*  
 This payment account has the following IBAN number:  
 \_\_\_\_\_  
 This payment account is maintained as a garnishment protection account:  
 yes  no.

The account-holding institution has canceled this payment account or has informed me that it will close this payment account.

I have canceled this payment account.

Although I already have a payment account, I cannot actually use it to process payments for the following reasons\*:

The funds in my account are being seized and the account is not a seizure protection account.

Other: \_\_\_\_\_

\* For example, if you cannot use this account for transfers because you have not been granted credit, this is not a reason.

**6. Date and signature:**

\_\_\_\_\_   
*Place, date      Signature*