BANCA CENTRALE
DELLA REPUBBLICA DI SAN MARINO

Meeting request form to be submitted to the Central Bank

via e-mail to the following address: segreteria@bcsm.sm

I, the undersigned _____, in my capacity as _____ of the company

(name) _____

hereby request a meeting with:

_____

If the applicant is not a representative of the requesting company and/or is submitting the request on behalf of a third party, a copy of the mandate or letter of authorization empowering the applicant to interact with the Central Bank of San Marino (CBSM) and transmit the relevant personal data must be attached.

The purpose of this meeting request for (date)_____ is (*):

(*) Please specify—if applicable—the CBSM Services/Representatives you wish to meet.

Meeting attendees will be as follows:

Name and surname	Name of the Company	Position

A copy of a valid ID must be attached to this form for each of the individuals listed above. Persons not included in the list who appear at the meeting will not be allowed to attend.

Please provide below the contact details of the person to be contacted by the Central Bank to arrange the meeting:

Office Phone: _____ Mobile Phone: _____

Fax Number: _____ E-mail Address: _____

A signed copy of the consent to the processing of personal data, available at the following link, must be attached to the request for each visitor: https://www.bcsm.sm/hubfs/63677EN.soggettieste.docx?hsLang=en. Please note that meeting requests will not be considered unless the relevant signed consent forms are provided.

Date and place

_____

Signature

_____

This form must be submitted to CBSM at least five business days prior to the requested appointment date. Submission of the form does not bind CBSM to confirm the meeting.