

Submission form Exchange Schilling – EUR

Data of the applicant

Name/Company ¹ :
Contact person ¹ :
Phone:
E-Mail:
Address ¹ :
ZIP code ¹ :

I herewith ask the OeNB to exchange the amount of

Schilling ¹	
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and to transfer the counter value in EUR to my Bank-Account

Account holder ¹	
IBAN ¹ Account number	
"SWIFT"-BIC Bank (name)	
in (City/Country) ¹	

I would like Banknotes/coins which can no longer be exchanged¹

☐ to be destroyed by the OeNB	
☐ to be returned to me	

OeNB would like to point out that the risk involved in the postal transport of declared-value items is borne by the sender and that the Oesterreichische Nationalbank will not assume liability for any lost shipments of declared value.

I give my consent to the submitted amount of money being counted in my absence and declare to accept any identified deviation from the amount indicated above.

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Date¹

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Signature¹

¹ Mandatory fields