

BRANCH (*): CIF (*):

Application by an individual for change in linked accounts/cancellation of subscription to the services through alternative networks

 Change in linked accounts

 Cancellation of subscription
Individual's particulars

 Surname: Name: Father's name:
 Spouse name: Id /Passport No.:User Id (***) :

New accounts to be linked /Change of access Level /Change of account limit

Account Number	CIF (**)	Access level Code	Account currency	Authorized daily debit amount ceiling-per account in the account's currency

Code	Access Level Code Description
1	View. The user is able to view account details, balances and transaction history.
4	Full Access. Besides viewing account details, balances and transaction history the user is able to submit and complete transactions.

Accounts to be de-linked

 (1)..... (2)..... (3).....
 (4)..... (5)..... (6).....

(*) To be completed by the Branch (**) to be completed only if it differs from applicant's CIF

(***) Mandatory field - To be completed by the customer

Please approve my request for change in linked accounts / cancellation of subscription to the services through alternative networks.

Place and date:

The above information has been checked for accuracy and the requested change / cancellation of subscription to the services through alternative networks is hereby APPROVED.

NATIONAL BANK OF GREECE (CYPRUS) LTD
BRANCH:

 (customer's signature)

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