



Place and Date: .....

The hereinabove information has been checked for completeness and accuracy and this application is hereby approved

**NATIONAL BANK OF GREECE (CYPRUS) LTD  
BRANCH .....**

Please approve our hereinabove request to change the OTP (one-time password) generation method for the abovementioned authorized user. ....

*Place here the seal of each company of the Group as the legal representative's signatures.*

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

FOR INTERNAL USE:

Date: -----

Method: SMS  Mobile OTP Application