

	BRANCH (*):					User Id:			
	CIF (*):								
	INTERNET BANKING								
	Application by an individual for subscription to the services through alternative networks								
I	ndividual's particula	rs							
	Surname:		Name:			Father's Name:			
	Spouse Name:	Date of birth:			Id type:				
	Id No:	Date of issue:			Issued in:				
C	Contact details								
	Street, number:								
	Municipality/Community: P.O Box: Postal Code:								
	Country: Tel no: E-mail.								
In the case that the hereinabove individual's particulars or contact details are different than the ones kept in the Bank's Banking System, a respective change / enrichment should be carried out in the Banking System. Accounts to be linked									
	Account Number	CIF (**)	Access Level Code	Account currency	Authorized of in the account	laily debit amount ceiling-per account at's currency			

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 only. 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.			

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Please complete the data in all three methods, so that in case of change it is not necessary to complete the form again. If you wish to change the method, you can contact Help Desk at 800 88888 or 357 22840090 (abroad).

Only one method can be enabled, so please specify the preferred method with \square .

OTP (One -Time Password) Generation Method							
☐ Method A - Via SMS Message							
Complete the mobile phone number where one - time password will be sent:							
Country Code	Mobile Phone No.						
00							
☐ Method B - Via Mobile OTP Application							
Complete the mobile phone number to activate the mobile application							
Country Code	Mobile Phone No.						
0 0							
☐ Method C - Via e-mail Complete the e-mail address number where the OTP will be sent: E-mail Address:							
(*) To be completed by the Branch (**) to be completed only if it differs from applicant's CIF							
Please provide me with a User Id for carrying out banking transactions via the internet, in accordance	Place and Date:						
with my Agreement with the National Bank of Greece (Cyprus) Ltd for the supply of banking services	The above information has been checked for accuracy and the provision and use of User Id is hereby APPROVED.						
through alternative networks. I hereby declare that I have thoroughly read and fully	NATIONAL BANK OF GREECE (CYPRUS) LTD						
understood the contents of the said Agreement, and that all the information given hereinabove is accurate and complete.	BRANCH						
(customer's signature)							
FOR INTERNAL USE:							
Date:							
Method: SMS □ Mobile OTP Application □ E-mail □							

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