



NATIONAL BANK OF GREECE

BRANCH (*): CIF (*):

INTERNET BANKING
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

Table with 5 columns: Account Number, CIF (**), Access level Code, Account currency, Authorized daily debit amount ceiling-per account in the account's currency

Table with 2 columns: Code, Access Level Code Description

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

Place and date:

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

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 S.A.
CYPRUS BRANCH

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(customer's signature)

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