

BRANCH (*):	 User Id:
	0.001 100

CIF (*):

INTERNET BANKING

Application by a legal entity for registering a user in Internet Banking services

Legal entity's Name:

Authorized representative

Surname:	Name:	Father's Name
Id Type:	Id number:	. Tel. No:

Authorized user

Surname:	Name:	. Father's Name:
Id Type:	Id number:	. Issued in:

Accounts to be linked to the authorized user

Account Number	Access Level Code	Account currency	Authorized daily debit amount ceiling – per account in the account's currency Applicable only to fields 3 and 4 for Access Level Codes	Access	Level Codes
				Code	Descript
				1	View only
				2	Input & vie
				3	Approve &
				4	Full access
					•

Description

View only Input & view Approve & view Full access



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

**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.		
00			

(*) To be completed by the Branch (**) If you wish to change the method, you can contact Help Desk at 800 88888 or 357 22840090 (abroad).

Please provide us with a User Id for the hereinabove authorized user who has been appointed by us to make use of the Services and perform transactions on our behalf and for our account in accordance with this application details and the terms and conditions of our Agreement with National Bank of Greece (Cyprus) Ltd for the supply of banking services through alternative networks. The said User Id shall be collected by our hereinabove authorized representative upon delivery by your officials in the premises of this Branch.

We hereby declare that we have thoroughly read and fully understood the contents of the said Agreement, and that all the information supplied hereinabove is accurate and complete.

(Legal Entity's seal and legal representatives' signatures)

(*) To be completed by the Branch

FOR INTERNAL USE:

Date: -----

Method: SMS \Box Mobile OTP Application \Box

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

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