



NATIONAL BANK OF GREECE

BRANCH : 578

User Id:

CIF (*):

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

Legal entity's Name:

Authorized representative

Form for authorized representative details including Surname, Name, Father's Name, Id Type, Id number, and Tel. No.

Authorized user

Form for authorized user details including Surname, Name, Father's Name, Id Type, Id number, and Issued in.

Accounts to be linked to the authorized user

Table with 4 columns: Account Number, Access Level Code, Account currency, and Authorized daily debit amount ceiling.

Table titled 'Access Level Codes' with 2 columns: Code and Description, listing codes 1 through 4.



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Please complete the data in all two 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 ☑.

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.
0 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Method B - Via e-mail

Complete the e-mail address number where the OTP will be sent:

E-mail Address:

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 S.A. 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.

Place and date:
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The hereinabove information has been checked for completeness and accuracy and this application is hereby APPROVED.

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.

NATIONAL BANK OF GREECE S.A.
CYPRUS BRANCH

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(Legal Entity's seal and legal representatives signatures)

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() To be completed by the Branch*
*(**) Business Cards Connection can be performed for all cards or none*

<p>FOR INTERNAL USE:</p> <p>Date:</p> <p>Method: SMS <input type="checkbox"/> E-mail <input type="checkbox"/></p>
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