

ΕΘΝΙΚΗ ΤΡΑΠΕΖΑ ΤΗΣ ΕΛΛΑΔΟΣ (ΚΥΠΡΟΥ)

BRANCH (*):

User Id:

INTERNET BANKING

Application by a Group of Customers for registering an Internet Banking user

Group Name:

Legal Entities' or/and Individuals' Particulars composing the above Group:

Legal Entities' or Individuals' Names	Id Type (**)	Id No.	CIF (*)

(*) To be completed by the Branch

(**) Complete: "1" for Cyprus Identity card, "2" for Passport, "3" for Company Registration No.

Correspondence Address (Complete with the correspondence address of one of the Group Companies)

Street, Number:		Municipality:		
P.O Box:	Postal Code:	Country:	CIF (*)	

Group's authorized representative

Surname:	Name:		Father's name:
Spouse name	. Id Type (**):	Id no.:	. Tel. No

Group's authorized user

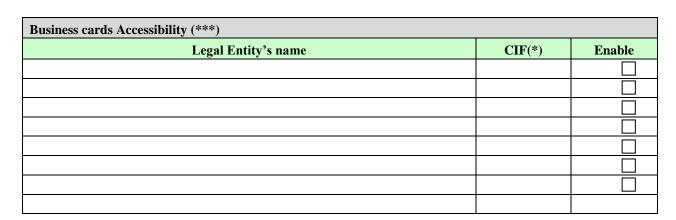
Surname:	Name:]	Father's name:
Spouse name:	. Id Type (**):	. Id no.:	Issued in:

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	Description	
1	View only	
2	Input & view	
3	Approve & view	
4	Full access	

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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 \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.			
Method B - Via Mobile OTP Application			
Complete the mobile phone number to activate the mobile application			
Country Code Mobile Phone No.			
Method C - 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 (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. 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.....

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

(***) Business Cards Connection/Disconnection can be performed for all cards or none

FOR INTERNAL USE:

Date: -----

Method: SMS \Box Mobile OTP Application \Box E-mail \Box