

BRANCH (*)		CIF (*)		
INTERN	ET BANKIN	l G		
Application by a Group of Customers for	cancellation of a	registered Intern	et Banking user	
Group Name:				
Legal Entities' or/and Individuals' Particulars of Legal Entities' or Individuals' Names	composing the about	Id No.	CIF (*)	
Legal Entities of Individuals (values	lu Type ()	Iu 110.		
(**) Complete: "1" for Cyprus Identity card, "2" for Pas	ssport, "3" for Comp	anv Registration No).	
User's Personal Information:		<i>G</i>		
Surname:Name:		Father's name	٠.	
Id Number:				
Id Nulliber Osci id		• • • • • • • • • • • • • • • • • • • •		
Representative's particulars:				
Surname:Name: .				
ID Type:				
Issued in:Date of issue:	Ex	cpiry Date:		
Mobile no: Tel. no:	E-mail	:		
(*) To be completed by the branch (***) Mandate	ory field			
		Place and date:		
Please approve our request for the cancellation of the abovementioned individual (user) from being a user, on behalf and for the account of our group, of the services through the alternative networks, in accordance with the Terms and Conditions of our Agreement with National Bank of Greece (Cyprus) Ltd for the supply of such banking services.	n The above infor	The above information has been checked for accuracy and the		
	s herein request is	herein request is hereby APPROVED.		
	RRANCH:	BANK OF GREI	ECE (CYPRUS) LTI	

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

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