

BRANCH (*)		CIF (*)		
INTERN	ET BANKIN	1 G		
Application by a Group of Customers for	cancellation of a	registered Interno	et Banking user	
Group Name:				
Legal Entities' or/and Individuals' Particulars of	omposing the abo	ove Group:		
Legal Entities' or Individuals' Names	Id Type (**)	Id No.	CIF (*)	
(**) C		D : 4 4 NI-		
(**) Complete: "1" for Cyprus Identity card, "2" for Pas			•	
Surname:Name:				
Id Number:User Id*	**:			
Representative's particulars:				
Surname:				
ID Type:	Id no:			
Issued in:Date of issue:	Ех	xpiry Date:		
Mobile no: Tel. no:	E-mail	:		
(*) To be completed by the branch (***) Mandate	ory field			
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.		Place and date:		
	The above info herein request is	The above information has been checked for accuracy and the herein request is hereby APPROVED.		
	BRANCH:	BANK OF GREE	ECE (CYPRUS) LTD	

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

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 Version 2.0
 Page 1 από 1