



BRANCH:

CIF:

INTERNET BANKING

Application by an Individual to change the OTP (One -Time Password) Generation Method

Individual's particulars:

Surname: Name:

Identity/Passport no: User Id (*):

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

Method B - Via Mobile OTP Application

Complete the mobile phone number to activate the mobile application

Country Code	Mobile Phone No.
<input type="text" value="0"/> <input type="text" value="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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Method C - Via e-mail

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

E-mail Address:



Please approve my hereinabove application to change the OTP (one-time password) generation method.

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**

.....
(Customer's signature)

.....

() Mandatory field - To be completed by the customer*

FOR INTERNAL USE:

Date:

Method: SMS Mobile OTP Application E-mail