



BRANCH:

CIF:

INTERNET BANKING

Legal entity's application to change the OTP (One -Time Password) Generation Method

Legal entity's details (Company/Organization)

Name:
Reg. No: Reg. Date: Country:

Authorized user

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 the OTP will be sent:

Country Code	Mobile Phone No.
0 0	

Method B - Via e-mail

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

E-mail Address:

Place and Date:

Please approve our hereinabove request to change the OTP (one-time password) generation method for the abovementioned authorized user.

The hereinabove information has been checked for completeness and accuracy and this application is hereby approved.

**NATIONAL BANK OF GREECE S.A.
CYPRUS BRANCH**

.....
Legal entity's seal and legal representatives signatures

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

FOR INTERNAL USE:

Date: -----

Method: SMS E-mail