BRANCH:				
INTERNET BANKING				
Group of Customers application to designate/change the OTP (One -Time Password) Generation Method				
Group Name:				
Name:				
Reg. No: Reg. Date:	Countr	y:		
Legal Entities' or/and Individuals' Particulars composing the above Group:				
Legal Entities' or Individuals' Names	Id Type (**)	Id No.	CIF (*)	
Authorized user:				
Surname	Name:			
Identity/Passport no.:	User Id (*):			
	_			
Only one method can be enabled, so please specify the preferred method with \( \subseteq \).				
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.				
☐ <b>Method B</b> - Via Mobile OTP Application				
Complete the mobile phone number to activate the mobile application				
Country Code Mobile Phone No.				
00				
☐ <b>Method C</b> - Via e-mail				
Complete the e-mail address number where the OTP will be sent:				
E-mail Address:				

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	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
Please approve our hereinabove request to change the OTP (one-time password) generation method for the abovementioned authorized user.	
Place here the seal of each company of the Group as the legal rep	resentative's signatures.
(*) Mandatory field - To be completed by the customer	
EOD INTERNAL LICE.	
FOR INTERNAL USE:  Date:	
Method: SMS □ Mobile OTP Application □ E-mail □	

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