

BRANCH: CIF:	
Application by an Individual for Activation / Deactivation of 'Secure Messages Submission' service	
Individual's Particulars:	
Surname:	
Authorized Contact Person Details:	
Surname:	
Place and date:	Place and date:
Please approve my hereinabove application for activation/deactivation of 'Secure Messages Submission' Service. I recognize that for the completion of secure messages submission via Internet Banking, One - Time Password (OTP) input is required. In the case that I have not defined already the method for generating and/or receiving One-Time Passwords (OTPs), please send these passwords via SMS message to my mobile phone number designated below: Country Code Mobile Phone No.	The hereinabove information given by the customer has been checked for completeness and accuracy and this application is APPROVED.
(Customer's signature)	NATIONAL BANK OF GREECE (CYPRUS) LTD BRANCH

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

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