



BRANCH (*):

INTERNET BANKING
Application by an individual for the appointment of an attorney for the use of Internet Banking services

Individual's particulars (Grantor) - (CIF (*):

Surname:	Name:	Father's name:
Spouse name:	Id type:	Id number:
Date of issue:	Issued in:	Tel no:

Attorney's particulars - (CIF (*): **User Id (**):**

Surname:	Name:	Father's name:
Spouse name:	Id type:	Id number:
Date of issue:	Issued in:	Tel no:

In the case that the hereinabove grantor's and attorney's particulars are different than the ones kept in the Bank's Banking System, a respective change / enrichment should be carried out in the Banking System.

Accounts to be linked

Account Number	Access Level Code	Account currency	Authorized daily debit amount ceiling – per account in the account's currency

Code	Access Level Codes Description
1	View. The user is able to view account details, balances and transaction history.
4	Full Access. Besides viewing account details, balances and transaction history the user is able to submit and complete transactions.

Personal Cards Accessibility (***)	Enable
Grant the right to view all details regarding grantor's personal cards	<input type="checkbox"/>



Please complete the data in all three methods, so that in case of change it is not necessary to complete the form again. If you wish to change the method, you can contact Help Desk at 800 88888 or 357 22840090 (abroad).

Only one method can be enabled, so please specify the preferred method with .

OTP (One -Time Password) Generation Method					
<input type="checkbox"/> Method A - Via SMS Message Complete the mobile phone number where one - time password will be sent: <table border="1"> <thead> <tr> <th>Country Code</th> <th>Mobile Phone No.</th> </tr> </thead> <tbody> <tr> <td>0 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td><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"/></td> </tr> </tbody> </table>		Country Code	Mobile Phone No.	0 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"/>
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<input type="checkbox"/> Method C - Via e-mail Complete the e-mail address number where the OTP will be sent: E-mail Address:					

Please approve the hereinabove application in accordance with the terms and conditions of our Agreement with National Bank of Greece (Cyprus) Ltd for the supply of banking services through alternative networks. I hereby declare that I have thoroughly read and fully understood the contents of the said Agreement, and that all the information given hereinabove is accurate.

Place and date:

The above information has been checked for accuracy and is hereby APPROVED.

.....
(Grantor's signature)

NATIONAL BANK OF GREECE (CYPRUS) LTD
BRANCH

.....
(Attorney's signature)

(*) *To be completed by the Branch*
(**) *Mandatory field – To be completed by the customer*
(***) *Cards connection can be performed for all cards or none*

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