

BRANCH: 578

## INTERNET BANKING

		Application		lual for the appointment Internet Banking serv		
Individual	's particula	rs (Grantor) - (G	CIF (*):			
Surname: Name:					Father's name:	
Spouse name:		··· Id type:		Id number:		
Date of issue:			Issued in:		Tel no:	
Attorney's	s particulars	- (CIF (*):		User Id (**):		
Surname:					Father's name:	
Spouse name: Id			Id type:		Id number:	
Date of is	Date of issue: Issued in:				Tel no:	
Accounts	to be linked t Number	d out in the Banking  Access	Account		bit amount ceiling – per acc	ount in the
		Level Code	Code currency		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.					
Perconal	Carde Acco	ccibility (***)				Fnahla
		ssibility (***)	r grantar's name	al anyda		Enable

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Please complete the data in all two 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  $\square$ .

(\*\*\*) Cards connection can be performed for all cards or none

OTP (One -Time Password) G	eneration Method	
☐ Method A - Via SMS Message		
Complete the mobile phone number where one - time password	1 will be sent:	
Country Code Mob	le Phone No.	
0 0		
☐ <b>Method B</b> - Via e-mail		
Complete the e-mail address number where the OTP will be sen	nt:	
E-mail Address:		
Please approve the hereinabove application in accordance with the terms and conditions of our Agreement with National Bank of Greece S.A. for the supply of banking services through alternative networks.	Place and date:	
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.	The above information has been checked for accuracy and inhereby APPROVED.	
	NATIONAL BANK OF GREECE S.A.	
(Grantor's signature)	CYPRUS BRANCH	
(Attorney's signature)		
(*) To be completed by the Branch		
(**) Mandatory field – To be completed by the customer		

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