



BRANCH: .....

CIF: .....

INTERNET BANKING

Customer's consent to receive the one time passwords via SMS

Individual's particulars:

Surname: ..... Name: .....

Identity/Passport no: ..... User Id (\*): .....

Complete the mobile phone number where one - time password will be sent:

Country Code	Mobile Phone No.
0 0	

Committing to alteration of OTP (One -Time Password) generation method, i-code digipass device will be deactivated.

Place and Date: .....

I, the undersigned, consent to receive the one-time password via SMS.

The hereinabove information has been checked for completeness and accuracy.

NATIONAL BANK OF GREECE (CYPRUS) LTD  
BRANCH .....

.....  
(Customer's signature)

.....

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