



**BRANCH:** ..... **CIF:** .....

**INTERNET BANKING**

**Legal entity’s consent to receive the one - time password via SMS**

**Legal entity’s details (Company/Organization)**

Name: .....  
Reg. No: ..... Reg. Date: ..... Country: .....

**Authorized user**

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

**OTP (One -Time Password) Generation Method**

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

**Country Code** | **Mobile Phone No.**

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

Place and Date: .....

We consent that one - time password will be received by the authorised user via SMS message.

The hereinabove information has been checked for completeness and accuracy and this application is hereby approved

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

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Legal entity’s seal and legal representatives signatures

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