



BRANCH (*)

CIF (*).....

INTERNET BANKING**Legal entity's application for subscription to the services through alternative networks****Legal entity's details (company/organization)**

Name:
Reg. No.: Country: Reg. date:

Correspondence details

Street, number: Municipality:
P.O. Box. Postal code: Country:

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

Representative's particulars

Surname: Name: Father's name:
ID type: ID Number: Issued in: Date of issue:
Expiry Date: Mobile No.: Tel. No.: E-mail:

() Method of Transaction Approvals**

Methods	Amount per Transaction (In Transaction currency)	Users Required
<input type="checkbox"/> Method A	For any amount	2 Users
<input type="checkbox"/> Method B	For amounts up to:	1 User
	For amounts over:	2 Users

(*) To be completed by the Branch

*(**) Select only if the legal entity wishes to use 2 different signatories for the authorization of its transactions. This option is provided only to approvers.*

Select only one of the of the two methods.

Place and date:

Please approve our application for subscription to the services through alternative networks. The use of the said services it will be carried out by individuals, appointed by us, who will make use of the Services and perform transactions on our behalf and for our account 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.

We hereby declare that we have thoroughly read and fully understood the contents of the said Agreement, and that all the information supplied hereinabove is accurate and complete.

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

NATIONAL BANK OF GREECE (CYPRUS) LTD
BRANCH

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(Legal Entity's seal and legal representatives' signatures)

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