



BRANCH (*)

CIF (*).....

INTERNET BANKING**Legal entity's application for canceling subscription
to the services through alternative networks**

Canceling subscription

☐**Legal entity's details**

Name:

Reg. No.: Country: Reg. date:

Correspondence details

Street, number:

Municipality/Community: P.O. Box.

Postal code: Country:

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:

Users' Details

User Id No.	Full name

(*) To be completed by the Branch

Please approve our request for cancellation of our subscription for the supply of banking services through alternative networks.

Furthermore, we hereby authorize you to delete all the above users who, on behalf and for our account, make use of the services through alternative networks

Place and date:

The above information has been checked for accuracy and the requested cancellation of subscription for the supply of banking services through alternative banking services is hereby APPROVED.

NATIONAL BANK OF GREECE (CYPRUS) LTD**BRANCH:**
(Legal Entity's seal and legal representatives signatures)

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