

APPLICATION FILLING DATE

PLEASE FILL IN THE APPLICATION WITH CAPITAL LETTERS AND MARK WITH "X" WHERE NECESSARY

TYPE OF APPLICATION

- | | |
|--|--|
| <input type="checkbox"/> WEB BANKING | <input type="checkbox"/> MOBILE BANKING |
| <input type="checkbox"/> INITIAL REGISTRATION | <input type="checkbox"/> REISSUING PASSWORD/KIBS CERTIFICATE |
| <input type="checkbox"/> USER TYPE ALTERATION | <input type="checkbox"/> BLOCKING DUE TO LOST PASSWORD/KIBS CERTIFICATE |
| <input type="checkbox"/> ALTERATION OF APPLICATION FORM DATA | <input type="checkbox"/> REISSUING DUE TO LOST PASSWORD/KIBS CERTIFICATE |
| <input type="checkbox"/> ISSUING OF KIBS CERTIFICATE | <input type="checkbox"/> ALTERATION OF AUTHORIZER / INITIATOR |
| | <input type="checkbox"/> DEACTIVATING REGISTRATION |

CLIENT DATA

NAME SURNAME DATE OF BIRTH

PERSONAL ID NUMBER ADDRESS CITY

POSTAL CODE TELEPHONE MOBILE TELEPHONE E-MAIL

RIGHTS OF SYSTEM USAGE

- PASSIVE** - REVIEW OF ACCOUNT BALANCES
- ACTIVE** - PERFORMANCE OF TRANSACTIONS

TRANSACTIONAL ACCOUNTS WHICH WILL BE USED VIA E - BANKING / MOBILE BANKING:

_____	_____
_____	_____

TRANSACTIONAL ACCOUNT OF A THIRD PARTY FOR WHICH THE CLIENT IS AUTHORIZED:

_____	CIF OF THE ACCOUNT OWNER:
	(Filled in by a Bank employee)
_____	CIF OF THE ACCOUNT OWNER:
	(Filled in by a Bank employee)
_____	CIF OF THE ACCOUNT OWNER:
	(Filled in by a Bank employee)

PLEASE READ CAREFULLY

BY SIGNING THE PRESENT APPLICATION FORM FOR WEB BANKING /MOBILE BANKING I HEREBY DECLARE THAT:

- I HAVE BEEN DULY INFORMED OF AND I ACCEPT UNCONDITIONALLY THE GENERAL TERMS AND CONDITIONS FOR USING THE WEB BANKING/ MOBILE BANKING SERVICE
- I SHALL INFORM THE BANK IMMEDIATELY IN CASE OF ANY CHANGE IN THE DETAILS PROVIDED ABOVE
- I AM FULLY RESPONSIBLE FOR ALL ACTIONS, PERFORMED ON MY BEHALF AFTER HAVING BEEN GRANTED ACCESS TO THE WEB BANKING/MOBILE BANKING SERVICE
- I AM FULLY AWARE THAT I BEAR SUBSTANTIVE AND CRIMINAL RESPONSIBILITY FOR THE VALIDITY OF THE STATED INFORMATION.
- I AGREE MY PERSONAL DATA STATED IN THIS APPLICATION FORM TO BE REGISTERED, PROCESSED, UPDATED FOR THE REQUIREMENTS OF THE BANK AND IF IT IS NECESSARY THE BANK MAY TRANSFER MY PERSONAL DATA TO OTHER COUNTRIES - MEMBERS OF EU OR EEA OR OTHER COUNTRIES THAT ARE NOT MEMBERS IF EU OR EEA, AFTER PREVIOUSLY RECEIVED APPROVAL FOR TRANSFER OF PERSONAL DATA FROM THE DIRECTORATE FOR PERSONAL DATA PROTECTION
- I AM AWARE THAT THE DATA STATED ABOVE ARE CONSIDERED BUSINESS SECRET, ACCORDING TO THE BANKING LAW AND THE OTHER EFFECTIVE LEGISLATION
- THE BANK RESERVES THE RIGHT TO REQUEST OTHER DATA FROM THE CLIENT FOR PURPOSES OF THE ESTABLISHED BUSINESS RELATIONSHIP
- THE BANK RESERVES THE RIGHT TO TERMINATE THE BUSINESS RELATIONSHIP WITH THE CLIENT AT ANY TIME
- I AM FULLY AWARE OF THE TERMS FOR ESTABLISHING BUSINESS RELATIONSHIP WITH THE BANK AND I FULLY ACCEPT THEM.

BY FILLING IN THE APPLICATION FORM I HEREBY DECLARE THAT:

- I AGREE TO BE CONTACTED BY THE BANK ABOUT PROMOTIONAL OFFERS FOR ITS SERVICES ON THE CONTACT INFORMATION STATED IN THE FORM.
- I DO NOT AGREE TO BE CONTACTED BY THE BANK ABOUT PROMOTIONAL OFFERS FOR ITS SERVICES ON THE CONTACT INFORMATION STATED IN THE FORM.

BY FILLING IN THE APPLICATION FORM I HEREBY DECLARE THAT:

- I AGREE TO BE CONTACTED BY THE BANK ABOUT PROMOTIONAL OFFERS FOR THE SERVICES OF THIRD PARTIES ON THE CONTACT INFORMATION STATED IN THE FORM.
- I DO NOT AGREE TO BE CONTACTED BY THE BANK ABOUT PROMOTIONAL OFFERS FOR THE SERVICES OF THIRD PARTIES ON THE CONTACT INFORMATION STATED IN THE FORM.
- (THE CLIENT MAY ASK THE BANK NOT TO USE THEIR PERSONAL DATA FOR PROMOTIONAL ACTIVITIES WITH A WRITTEN REQUEST SUBMITTED TO THE BANK, FREE OF CHARGE.)

PHYSICAL PERSON - USER	PHYSICAL PERSON WHO AUTHORIZES ACCESS TO HIS / HERS ACCOUNT	RESPONSIBLE PERSON/S FROM THE BANK
.....
(signature)	(signature)	(signature and stamp)

FILLED IN BY A BANK EMPLOYEE

Branch Number: CIF: