

INTERNET BANKING APPLICATION FORM
APPLICATION FOR ELECTRONIC SERVICES FOR COMPANIES, PARTNERSHIPS,
PROVIDENT FUNDS OR OTHER LEGAL ENTITIES

Date: _____

New Application: _____ (User ID)

Change Application: _____ (User ID)

Termination of service: _____ (User ID)

Guidance notes to complete this application:

1. In section 1, complete the applicant's/account holder's details.
2. In section 2, complete the details of the natural person that you designate to make transactions and/or inquiries to your accounts.
3. In section 3, complete the accounts you wish the Designated User to use.
4. In section 4, complete the transaction limits per transaction type you wish to use and the number of electronic signatures required for all accounts specified in section 3a or 3b.
5. In section 5, fill in the necessary fields for charges resulting from the supply of e-Banking Security Device.
6. Section 7 must be signed by the authorized signatories of the Applicant.
7. If you wish to give access to other users, please complete Part B, which must be signed by the authorized signatories of the Applicant.

1. Applicant's/Account Holder's Details (Company, Partnership, Provident Fund or Other Legal Entity)	
CIF	(for Bank use only)
Applicant's Name	Registration No.

2. Designated User 1 Personal Details				
Name	Surname	ID/Passport Number	User ID	CIF Number (for Bank use only)
E-mail address to receive User ID / Password via e-mail:				
Mobile Telephone No. to receive User ID / Password via SMS and/or receive One Time Password, when applicable:				
Type of e-Banking Security Device *Mandatory for any User's Access Level	<input type="checkbox"/> Software €7 Credential ID: (for Bank use only)	<input type="checkbox"/> Hardware €15 Serial Number: (for Bank use only)		
Delivery Instructions of the e-Banking Security Device:				
<input type="checkbox"/> By hand from the Banking Center.				
<input type="checkbox"/> By post to the following mailing address:				
<input type="checkbox"/> By hand to the following Authorised Representative (Name & ID/Passport Number):				
<input type="checkbox"/> By courier to the following address(*):				
Access Level on Accounts	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> V
Select Signature Group	N/A	Click here	Click here	N/A

* The courier cost will be charged to the applicant's/customer's account.

I = Input Only Role (creates/inputs transactions without permission to execute those).
 A = Authorize Only Role (can only authorize transactions to be sent - without permission to create them).
 F = Full Access Role (can both create and authorize transactions).
 V = View only (no permissions for transactions).

3. Daily Limits

Please specify: - Legal Entity Daily Limit: € _____ **OR**
 - User Global Daily Limit: € _____

(If no limit is specified, in sections 3a, 3b & 3c the maximum allowable limit will apply.)

3a. Access to All Accounts: **YES** **NO**

If **NO**, complete section 3b.

3b. Account Access Details			
Addition	Account Number	Account Currency	User Account Daily Limit (in account currency)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

3c. Automatically Add All Future Accounts: **YES** **NO**

3d. Access (view only) to Investment Portfolio Statement: **YES** **NO**

4. Signature Mandate For All Accounts (Does not apply if access level is I or V)										
Transaction Type	From Amount (€)	To Amount (€)	Total Number of Signatures Required	Total Number of Signatures Required per Group (if applicable)						
				Group A	And /Or	Group B	And /Or	Group C	And /Or	Group R
Transfer between company accounts					—		—		—	
					—		—		—	
Transfer to Eurobank accounts (third party)					—		—		—	
					—		—		—	
International Payments					—		—		—	
					—		—		—	
Transfer to other local banks					—		—		—	
					—		—		—	
All type of transactions					—		—		—	
					—		—		—	
					—		—		—	
					—		—		—	
					—		—		—	
					—		—		—	

5. Charges

We authorize the Bank:

- to debit our account _____, or any other account(s) in our name, with the amount of _____ being a once-off charge for the supply of the e-Banking Security Device(s).
- to debit our account _____, or any other account(s) in our name, for Postages/Courier expenses (if applicable as per delivery instructions of the e-Banking Security Device).

6. Authorizations

I/We hereby authorize the Bank to send to me/us via e-mail or through the short message service (SMS), according to the above contact details, the Password and the User ID, without any charge.

